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NOTICE OF FUNDING OPPORTUNITY (NOFO)

FOR

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY SERVICES (SAPTA), STATE OPIOID RESPONSE (SOR) 3.0

Release Date: Monday, April 17, 2023
Questions to be Submitted: On or before Tuesday, April 25, 2023 at 3:00 p.m. PST
Must be submitted to OPR@casat.org
with **NOFO SOR 2023** in the subject line of the email.

Responses posted on or before May 1, 2023 by 3:00 p.m. PST on NVOpioidResponse.org

DEADLINE FOR APPLICATION SUBMISSION
MONDAY MAY 15, 2023 AT 5:00 P.M.

For additional information, please contact:
The SOR Team
opr@CASAT.org

DEPARTMENT OF PUBLIC AND BEHAVIORAL HEALTH
NOTICE OF FUNDING OPPORTUNITY (NOFO) SUMMARY

Notice of Funding Type: NEW AWARD.

Any applicant who wants to be considered for funding under the Substance Abuse Prevention and Treatment Services, State Opioid Response Grant (SOR 3.0) must submit an application in compliance with this notice of funding opportunity (NOFO), pursuant to Code of Federal Regulations (CFR) 200.318. Applicants who apply for this funding opportunity may also be considered for other substance use disorder state or federal grant awards (for up to four years) that are available for secondary prevention and treatment services. Access to the NOFO and all written responses will be posted on: nvopioidrespnse.org

Funding Opportunity Award Type: GRANT

***Expected Project Period*:** July 1, 2023 - September 29, 2023

Reporting Periods: *Monthly, as defined in Notice of Subgrant Award (NOSA).*

Estimated Number of Awards: The number and dollar amount of grant awards will depend on the quality and quantity of applications.

Funding Limitations: Funding is only available for opioid use or stimulant use disorder focused projects. Any application that submits a budget that is not in alignment with the narrative, scope of work, or allowable activities is subject to disqualification**.**

Award Restrictions: *SOR 3.0 funds are not guaranteed to carry over beyond the initial funding period.* All awards have the potential to be extended beyond the initial funding period. All funding is subject to change, based on the availability of funds, federal awards, and state needs. **Submitting an application for this NOFO is no guarantee of funding or funding at the level requested.**

NOFO Timeline	
Task	**Due Date/Time**
Request for Approach (NOFO) Released	04/17/2023
Deadline for submission of written questions	04/25//2023, 3:00 p.m. PST
Deadline for written response to submitted written questions	05/01/2023, 3:00 p.m. PST
Deadline for submission of application	**03/30/2023, 5:00 PM PST**
Evaluation Period, on or before	05/19/2023
Funding Decisions, Applicants Notified on or before	06/01/2023
Completion of contract/subgrant awards	Upon Execution
Notice to Proceed (NTP)/Project Start Date, before, on or after	Upon Execution
Grant Period	07/01/2023 – 09/29/2023

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I. FUNDING OPPORTUNITY INTRODUCTION

1. Background

This Notice of Funding Opportunity (NOFO) is intended to solicit applications for the Community Substance Abuse Prevention and Treatment Agency (SAPTA), State Opioid Response (SOR) grants authorized under Title II Division H of the Consolidated Appropriations Act. This opportunity addresses the Healthy People 2020 Substance Abuse Topic Area HP 2020-SA. All grants and subawards made under this opportunity are governed by 45 CFR Part 75 and 2 CFR Section 200.

The United States Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA) oversees the SOR grants. The State of Nevada Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH) serves as the Single State Authority (SSA) over the SAPTA in Nevada. In support of the SOR program, Nevada has selected the University of Nevada, Reno (UNR) Center for the Application of Substance Abuse Technologies (CASAT) to serve as an extension of the DPBH team. CASAT will serve as the Program Manager, with the subgrant agreements processed through CASAT.

DPBH and CASAT are soliciting applications from entities that will expand availability of medications for opioid use disorder (MOUD) services and/or provide supportive services in collaboration with SAPTA Certified Behavioral Health Providers, Certified Community Behavioral Health Centers (CCBHCs) and/or the Integrated Opioid Treatment and Recovery Centers (IOTRCs) in an effort to provide integrated primary and behavioral health care for adults and adolescents with stimulant/opioid use disorder beyond activities included within their respective scopes. As a State Opioid Response (SOR) Grantee, the State of Nevada is required to expand access to opioid or stimulant misuse primary, secondary or tertiary prevention, treatment, and recovery support services.

The SAPTA is part of the Bureau of Behavioral Health Wellness and Prevention (BBHWP) within the DPBH. Pursuant to NRS 458.025 and the Nevada Administrative Code (NAC) 458, SAPTA has the regulatory authority to govern the substance-related prevention and treatment programs and services in the state of Nevada. The SAPTA priorities reflect the health care system's strong emphasis on coordinated and integrated care along with the need to improve services for persons with substance use disorders.

2. Purpose

The SAPTA SOR program works to develop and provide opioid or stimulant misuse prevention, treatment, harm reduction, and recovery support services for the purpose of addressing the opioid or stimulant abuse and overdose crisis in Nevada, including cocaine and methamphetamine. This NOFO is focused on reducing unmet treatment needs and reducing opioid or stimulant overdose related deaths through the provision of prevention, treatment, and recovery support activities.

The Nevada SAPTA SOR grant provides Nevada service agencies with a degree of flexibility to design and implement substance use related services and activities specific to addressing opioid or stimulant misuse and use disorder in Nevada communities. Nevada SOR target areas acknowledge the complex needs of individuals, families, and communities substance use disorder unique to Nevada's population as defined by the SAPTA Strategic Plan.

3. Target Population

Nevada's SOR NOFO has identified the following target populations as priority groups. If awarded, applicants must prioritize and expedite access to appropriate treatment, with the exception of Civil Protective Custody Services, for priority populations in the following order:

a. Pregnant person who inject drugs;
b. Pregnant persons with substance use disorder (opioid/stimulants);
c. Individual who use intravenous drugs and persons with OUD and co-morbidities, e.g. HIV/AIDS, Hepatitis C, and Tuberculosis;
d. Persons with substance use disorder (opioid/stimulants) with dependent children and their families, including those who are attempting to regain custody of their children; and
e. Veterans and military personnel;
f. Aging population;
g. Youth/adolescent;
h. Tribal entities;
i. Patients reentering communities from criminal justice or other rehabilitative settings
j. Black, Indigenous, People of Color (BIPOC) populations; and
k. LGBTQIIA+

4. Eligible Entities

The SOR federal grant authorizing legislation implementation regulations ***allow private, public, tribal, and non-profit agencies*** to apply for funding.

Nevada is seeking applications from applicants who:

1) Currently demonstrate:

    - Current SAPTA certification **and** have a minimum of two years of providing Substance Use Disorder Treatment Services.

      OR

    - Provide the level of accreditation of your program that meets or exceeds the SAPTA certification standard (ex: hospital organization - Joint Commission). *Programs who are CARF accredited, must still obtain SAPTA certification.*

2) Are registered with the Nevada Secretary of State, if applying as a non-profit, and have the appropriate business license as defined by law in the county/city of geographic location.
3) Do not have any provider or board member of organization identified as subject to the Office of Inspector General (OIG) exclusion from participation in federal health care programs (42 CFR 1001.1901).
4) Are able to comply with the Third-Party Liability (TPL) for any or all the expenditure(s) that would be payable by another private or public insurance.
5) Are registered as a Nevada vendor by time of application – Registration can be submitted to: http://purchasing.nv.gov/Vendors/Registration/.

6) Have an active DUNS and Employment Identification (IE) number.
7) **For tribes and tribal organizations only:** official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

Pursuant to NRS 333.3354, the State of Nevada awards a five percent (5%) preference to a vendor certifying that its principal place of business is in Nevada. The term 'principal place of business' has the meaning outlined by the United States Supreme Court in Hertz Corp v. Friend, 559 U.S. 77 (2010), typically meaning a company's corporate headquarters. This preference cannot be combined with any other preference, granted for the award of a contract using federal funds, or granted for the award of a contract procured on a multi-state basis. On the application, please identify if Nevada is the "headquarters" or primary location of the organization.

5. Ineligibility Criteria

DPBH/CASAT will consider the following criteria as reasons for applicant disqualification for consideration of award.

1) **Supplanting funds.** Federal grant dollars must NOT be used to supplant existing funds for program activities and must not replace those funds that have been appropriated for the same purpose.
2) **Incomplete application**. 1) Failure to meet application requirements as described; and/or 2) Omission of required application elements as described is reason for immediate disqualification.
3) **Insufficient supporting detail provided in the application.** Applicants must detail their approach and implementation strategies to achieving program objectives, goals and milestones. Reviewers will note evidence of how effectively the applicant includes these elements in its application.
4) **Inability or unwillingness to collect and share monitoring and evaluation data** with DPBH, CASAT or its contractors. Collecting data as part of the Government Performance Reporting Act (GPRA) system is mandatory for any recipient of SAMHSA funds. All sub awardees will be required to collect GPRA data and maintain a minimum 80% baseline and 6-month follow-up completion rate.
5) **Program integrity concerns**. DPBH or CASAT may deny selection to an otherwise qualified applicant based on information found during a program integrity review regarding the organization, community partners, or any other relevant individuals or entities.
6) **Disregard of maximum page limits** stipulated in the NOFO.
7) **Late submission** of an application, regardless of reason.
8) **Certified Community Behavioral Health Centers.** (CCBHC's) may not be able to apply for services, unless services have not been incorporated in each prospective payment services model that considers the services areas and the total number of individuals, with and without Third Party Liability (TPL) and are required to meet certification criteria. If a CCBHC applies for funding, sufficient documentation must be provided for the need and rationale for the additional funding to expand services beyond current capacity, towards opioid abatement. This will include the need for critical infrastructure to provide additional services, expand catchment areas, or to

expand to specialized populations. Only CCBHCs in good standing, without substantial plans of corrections, who have a record of complete and timely submission of data, are eligible for consideration of funding.

6. Matching Fund Requirements

There are no matching funding requirements.

II. PROJECT SPECIFIC INFORMATION

1. Vision and Guiding Principles

All program activities are to be provided under the Values and Guiding Principles established by Substance Abuse and Treatment Agency, Bureau of Health Wellness and Prevention, Strategic Plan (2017-2020) approved by the Behavioral Health Planning and Advisory Council (BHPAC).

The SAPTA Strategic Framework has adopted the following guiding values:

- ➢ Data-driven decision making
- ➢ Comprehensive, coordinated, and integrated services
- ➢ Affordable and timely care that meets state quality assurance standards
- ➢ Culturally and linguistically appropriate services
- ➢ Well-trained workforce sufficient to meet community needs
- ➢ Accountable to the people who are served, local communities, and the public

2. State Strategic Plan Compliance

Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA) is part of the Bureau of Behavioral Health Wellness and Prevention within the Division of Public and Behavioral Health (DPBH). SAPTA plans, funds, and coordinates statewide substance use disorder service delivery. The 2022 Nevada Opioid Needs Assessment and Statewide Plan are the guiding framework to combat Nevada's opioid crisis. More information can be found at: Nevada Opioid Needs Assessment and Statewide Plan 2022 (nv.gov).

In addition, DPBH has developed the SAPTA Capacity Assessment Report for Nevada, which identifies priorities and provides a capacity analysis, which can be viewed at: Nevada Capacity Assessment Report.

3. System Goals and Strategies

The SOR funding is to provide treatment to individuals with opioid use or stimulant use disorder. SOR program funds can support coordination, navigation, or case management of opioid use or stimulant use disorder with other transition support services. SAPTA may also fund supportive services essential to provision of opioid use and other stimulant use services. As part of the necessary services, programs may choose to focus on addressing the opioid crisis by increasing access to medication for opioid use disorder treatment (MOUD) using the three U.S. Food and Drug Administration (FDA) approved medications for the treatment of OUD. The program may also support evidence-based services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

The State of Nevada's needs align with SAMHSA's strategic initiatives.

A. **GOAL 1**: Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long term recovery from opioid and stimulant use disorders.
B. **GOAL 2:** Ensure individuals have access to appropriate, timely services in the most integrated setting based on a self-determination plan.
C. **GOAL 3:** Ensure a system that prevents inappropriate incarceration, hospitalization, institutionalization, or placement.

These essential services must address gaps in services that may prevent individuals from accessing and/or participating in an OUD or stimulant use disorder program addressing identified needs in the community.

4. Excluded Activities

SOR funds cannot be used for individuals who are not diagnosed with an opioid use or stimulant use disorder. This grant excludes: Supplanting of funding for existing positions; individual provider purchase of naloxone; individual provider purchase of MOUD (i.e. Buprenorphine, Suboxone, Methadone, Naltrexone, Vivitrol); medical detoxification, the purchasing of property, the construction of new structures, and the addition of a permanent structure, capital improvements of existing properties or structures; or the purchasing of vehicles or lease of a vehicle (unless applying for target category 6 below).

5. Allowable Activities

Applicants may address barriers to receiving opioid use or stimulant use disorder treatment, to include MOUD, by reducing the cost of treatment, developing innovative systems of care to expand access to treatment, engaging and retaining patients in treatment, addressing discrimination associated with accessing treatment, including discrimination that limits access to MOUD or stimulant use disorder treatment, and supporting long-term recovery. Allowable activities may include providing innovative strategies in rural and underserved areas to increase the capacity of communities to support opioid use or stimulant use disorder secondary or tertiary prevention, treatment, and/or recovery. The expectation is that staff identified to support the SOR funding are not able to bill third party payors or other State or Federal awards for services rendered.

In addition, primary, secondary and tertiary prevention activities are allowable. **Primary prevention** aims to intervene prior to negative health effects is allowable. **Secondary prevention** aims to reduce the impact of disease or injury that has already occurred is allowable. **Tertiary prevention** aims to soften the impact of an ongoing illness or injury that has lasting effects is allowable

SOR 3.0 - Eligible Patient Definition:

1. Patient with an opioid use disorder or stimulant use disorder as a primary, secondary, or tertiary diagnosis.
2. Patient who uses opioids or stimulants recreationally, at least 1-time monthly, but may not meet the criteria for an OUD or stimulant use disorder but are at risk.
3. Patient who has ever had an opioid or stimulant overdose.

4. Pregnant persons with any history of opioid or stimulant use within the last two (2) years regardless of amount and frequency of use.
5. A patient that received services that predate the initiation of the grant should be included if they meet one of the "Section 3" descriptions above and started on one of the approved medications for opioid use after the start date of the contract.
6. A patient that has recently been released from incarceration who would have qualified for an OUD or stimulant use disorder program prior to incarceration.

SOR funds should ensure that a minimum of 75% of funding is specific to direct services. All positions supported under this funding source must be specific to serving the opioid use or stimulant use disorder population. Not more than 25% of the grant may be used for administrative, indirect or data collection activities.

Nevada is seeking proposals that detail implementation of programs that meet the goals of the SOR Grant. The following are examples of programs that may be funded but activities are not limited to the examples below.

- Addiction specialty care programs that either directly provide or support use of MOUD in addition to psychosocial services such as drug counseling, psychoeducation, toxicology testing, individual, group, and/or family therapy, vocational/educational resources, case management, and recovery support services, including community-based services that provide peer supports, address housing needs and issues of families (e.g., reunification of children who may be in foster care while a parent(s) receive treatment); this may include outpatient, intensive outpatient or partial hospital levels of care.
- Inpatient/residential programs that provide intensive treatment services to those meeting medical necessity criteria and which offer MOUD provided the care continuum includes a connection to MOUD in the community once individuals are discharged from the inpatient/residential program.
- Primary care or other clinical practice settings where MOUD is provided and linkages to psychosocial services and recovery support services centered on patient needs related to the provision of comprehensive treatment of OUD.
- Innovative telehealth strategies in rural and underserved areas to increase the capacity of communities to support OUD/stimulant use disorder prevention, treatment, and recovery.
- Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings;
- Ensure individuals have opportunities for engagement in treatment and recovery supports throughout the continuum of care in order to increase retention in care;
- Enhance or support the provision of peer and other recovery support services designed to improve treatment access, retention and support long-term recovery;
- Develop and implement tobacco cessation programs, activities, and/or strategies;
- Non-Specialty programs such as emergency departments, urgent care centers, in some cases, pharmacies, and intensive outpatient, partial hospital, or outpatient substance use disorder treatment programs that also provide recovery support services may also qualify as programs utilizing evidence-based practices;
- Activities focused on harm reduction;
- Implementation of opioid focused prevention activities that meet the definitions of primary, secondary, or tertiary definitions of prevention;
- Implement community recovery support services such as peer supports, recovery coaches, vocational training, employment supports, childcare, legal assistance, housing

supports, and recovery housing. Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility as evidenced by meeting local code and licensing requirements. Individuals in recovery should have a meaningful role in developing the service array used in your program; and/or
- Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for uninsured or underinsured patients.

Note: Recovery Housing is one component of the substance use disorders treatment and recovery continuum of care. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Individuals in recovery should have a meaningful role in developing the service array used in their recovery plan. Recovery houses are safe, healthy, family-like, substance-free living environments that support individuals in recovery from addiction. Substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring health conditions. Recipients must describe the mechanism(s) in place in their jurisdiction to assure that a recovery housing facility to receive these funds supports and provides clients access to evidence-based treatment, including all forms of MOUD, in a safe and appropriate setting. Recipients must also describe how recovery housing supported under this grant is in an appropriate and legitimate facility (e.g., state or other credentialing or certification or an established or recognized model).

6. Key Priority Service Areas

To further the missions of the DPBH, this NOFO seeks partners whose proposals are focused on ***achieving positive outcomes***. The overarching objective is to improve the health and well-being of Nevadans served while influencing positive change in Nevada communities.

To reach this goal, collaboration with school-related settings, health care agencies, and/or community organizations is *required* to address the clients holistically. A holistic approach includes evidence-based or promising practices and recognizes the connection of health care to social services as equal partners in planning, developing programs, and monitoring patients to ensure their needs are met. Social determinants include factors such as socio-economic status, education, the physical environment, and access to services. Underserved, low-income, and disparate populations have access to care issues. Access to services for this population is strained and requires innovative approaches on behalf of agencies to address these issues. Access barriers may include transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede patients from accessing services. Agencies are encouraged to be creative to meet the needs of Nevada's families, especially those who are difficult to reach, and to weave the philosophy of a holistic-centered approach into their proposals. Agencies must have the ability to address Third-Party Liability (TPL). Applications should follow the American Society of Addiction Medicine (ASAM) Levels of Care.

Applicants may submit more than one application, for a maximum of two applications, but each application must only include one identified target area. Using the State of Nevada's published needs assessment and strategic plan, the following service expansion areas have been selected for the purpose of providing direct services to clients with stimulant or opioid use

disorder in the categories below. All categories must address the needs of the community as identified through quantitative and qualitative data as part of the Approach and Implementation.

Target 1: Medication for Opioid Use Disorders and/or Behavioral Health Treatment Service Expansion:

The purpose of this programing is to develop, expand or enhance access to behavioral health and MOUD services. *Technical assistance and/or mentoring will be offered to awarded subrecipients to assist with the onboarding of MOUD services.* ***Provider organizations applying under this category must already have services in place for the appropriate level of care under SAPTA certification and be actively billing third party payers, including Medicaid, where applicable. Programs must also be at a minimum co-occurring capable.***

MOUD Expansion. Provide appropriate financial support to enable prescribers and other clinicians to provide successful MOUD services for individuals with opioid use disorders within ASAM/Division Criteria Levels of Service; Encourage more of these settings to provide MOUD; Encourage coordinated delivery of three types of services needed for effective care of patients with opioid addiction – medication therapy, psychological and counseling therapies, and social services support; Reduce or eliminate spending on services that are ineffective or unnecessarily expensive; Reduce use risk for patients who could be treated successfully through MOUD; Improve access to evidence-based care for patients being discharged from more intensive levels of care; Reduce spending on potentially avoidable emergency department visits and hospitalizations related to opioid use; Increase the proportion of individuals with an opioid use disorder who are successfully treated; and Reduce deaths caused by opioid overdose and complications of opioid use.

Opioid Treatment Providers (OTPs). OTPs interested in expanding services to include co-occurring enhanced treatment services are encouraged to apply for funding for this type of care. Applicants are encouraged to review the Dual Diagnosis Capability in Addiction Treatment (DDCAT)Toolkit below and address level of readiness. Applicants must demonstrate current readiness to provide co-occurring treatment services and outline steps and funding needs to establish an enhanced treatment program. Resource: Dual Diagnosis Capability in Addiction Treatment Toolkit

Partial Hospitalization Programs (PHP). PHP services are direct services provided in a mental/behavioral health setting for at least three days per week and no more than five days per week; each day must include at least four hours of direct services as clinically indicated based on a patient-centered approach. If more/fewer hours and/or more/fewer days are indicated, the recipient should be reevaluated. Partial hospitalization programs may be offered by hospital outpatient departments and by community mental health centers.

All programs must use ASAM criteria/Division criteria and NAC 458 to design and develop their programming under this announcement to include the required staffing, support systems, therapies, assessment and treatment plan review, documentation, and follow ASAM admission, continued service, transfer, and discharge criteria. More information regarding ASAM criteria/Division criteria and NAC 458 can be found at:

- ASAM Criteria
- Division Criteria for the Certification of Programs Through SAPTA
- NAC Chapter 458

Target 2: Tribal Treatment and Recovery Services:

Applicants proposing to serve tribal populations must utilize culturally appropriate treatment services to address the needs of the tribal community including secondary or tertiary prevention, treatment, and recovery services. Services should be focused on improving OUD or stimulant use disorder services access. Applicants should ensure the following services are addressed, at a minimum: Increase MOUD access utilizing FDA approved medication for OUD treatment; Toxicology screening; Wrap-around services including peer recovery supports; Behavioral Health Screening/Assessment; ASAM Level 1 Outpatient (substance use and mental health) counseling; Organization prescriber of record checks Prescription Drug Monitoring Program (PDMP) for new patient admission under prescriber care for MOUD services; establish and implement a plan to mitigate the risk of diversion of methadone or buprenorphine and ensure the appropriate use/dose of medication by patients; Culturally relevant prevention activities targeting OUD or stimulant use disorder and overdose including naloxone distribution; Ensure all applicable practitioners working on the grant-funded project follow appropriate state and federal guidelines for prescribing medication for opioid use disorders; use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment; Care Coordination with an IOTRC or CCBHC, when appropriate and available in the service area. Programs that are unable to provide one or more services may develop them through formal coordinated care agreements with organizations in the community. All programs must use ASAM criteria/Division criteria to design and develop their programming under this announcement to include the required staffing, support systems, evidence-based therapies, assessment and treatment plan review, documentation, and follow ASAM admission, continued service, transfer, and discharge criteria. See previous category for links to additional information.

Target 3: Recovery Support Services:

Recovery Support Services funded under this announcement must provide services in accordance with principles that support stage of change, harm reduction, patient engagement, and the use of evidence-based practices. Recovery Support Services are intended to complement, supplement, and extend formal behavioral health services throughout the continuum of care. When working in conjunction with other behavioral and primary health services, peer support has been found to promote sustained behavior change for people at risk. Recovery Support Service programs are not intended to replace the role of formal treatment.

Eligible recovery support services, include but are not limited to:

- Peer supports,
- Vocational training,
- Employment support,
- Childcare,
- Legal assistance,
- Recovery Community Organizations (RCOs),
- Housing supports (i.e., application fees, deposits, rental assistance, utility deposits, and utility assistance), and
- Dental kits to promote oral health for individuals with OUD enrolled in treatment with buprenorphine (i.e., dental kits are limited to items such as toothpaste, toothbrush, dental floss, non-alcohol containing mouthwash, and educational information related to accessing dental care).

Note: Organizations that are Medicaid eligible (e.g. qualify for provider type 14, 17, 82) providing peer recovery support services under this award must be capable of providing services as outlined within Medicaid Chapter 400. Priority will be given to those organizations with the ability to bill Medicaid.

Target 4: Enhanced supports for children and/or families:

Applicants should focus on enhanced support(s) for children and/or families that are impacted by opioid use or stimulant use disorder utilizing EBP including, but not limited to: home visiting, and/or strategies to address trauma and adverse childhood experiences (ACEs). A growing body of literature suggests that child maltreatment, neglect and traumatic stressors have long-term consequences for adult health behavior and health outcomes. This service delivery category will provide opportunities for working with children and adolescents whose parents or families are affected by opioid or stimulant use. Growing evidence has shown that providing a family-focused approach will have beneficial effects on family members to support the recovery process and build resilience and protective factors within the family structure. Eligible services/programs include substance use prevention and treatment, in-home parenting skills based programs, which includes parenting skills training, parent education, individual and family counseling, Kinship Navigator Programs, residential parent-child substance use treatment programs, and developmentally appropriate transition supports with older youth and adolescents.

More information on Adverse Childhood Experiences and the Family First Prevention Services Act can be found at:

- CDC- Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence
- Title IV-E Prevention Services (Family First) Clearinghouse

Target 5: Hospital-Based MOUD Induction

Emergency Departments and hospitals provide 24/7 access to healthcare and offer a unique opportunity to make treatment for opioid use disorder universally accessible. Applicant organizations are expected to adopt the Bridge Model within emergency departments throughout the State to fully implement induction of buprenorphine for a patient in the ED experiencing opioid withdrawal and seeking support services. **Applicants will be expected** to participate in ongoing technical assistance with Bridge consultants for implementation to fidelity. Funding will be available to support the internal onboarding of a Peer Support Specialist/Community Health Worker and an identified hospital champion to support the adoption and implementation of the program within your organization.

Target 6: Recovery Housing

Recovery housing is a "housing model" that provides substance use specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction. This recovery housing program is not inclusive of all SUD, but specific to those overcoming opioid or stimulant use disorders. Meeting the housing needs of individuals with an opioid or stimulant use disorder plays a vital role in recovery. Individuals experiencing homelessness or without consistent housing find it difficult to address stimulant use without a safe place to live. Recovery Housing is designed to fill that void with a safe place with compassionate care. Recovery Housing is defined by SAMHSA as a shared living environment free from alcohol and illicit drug use and centered upon peer support and connection to services

that promote sustained recovery from substance use disorders. For this application, the substance use is specific to opioid or stimulant use. Applicants **must demonstrate** and document the number of beds available, programming, and ability to deliver appropriate peer support. Reimbursement for services provided in this category must follow reimbursement amounts as established by SAPTA.

Note: Recovery Housing is one component of the substance use disorders treatment and recovery continuum of care. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Individuals in recovery should have a meaningful role in developing the service array used in their recovery plan. Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. Substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring health conditions. Recipients must describe the mechanism(s) in place in their jurisdiction to assure that a recovery housing facility to receive these funds supports and provides clients access to evidence-based treatment, including all forms of MOUD, in a safe and appropriate setting. Recipients must also describe how recovery housing supported under this grant is in an appropriate and legitimate facility (e.g., state or other credentialing or certification or an established or recognized model).

Target 7: Rural and Frontier Mobile Recovery Units

Organizations that have relationships with rural and frontier communities are eligible to receive funding towards the purchase of a Mobile Recovery Unit, staffing the unit, and must identify underserved locations to be visited each weekday on a set schedule. Services will include access to a physician that can prescribe medication for an opioid use disorder (can be telemedicine), peer support, naloxone distribution, and referral to wraparound services. Staff will include a nurse, a certified or licensed counselor, and a peer recovery specialist. The organizations will work towards a goal of serving at least 5 individuals per day each week, totaling 25 individuals per week per mobile unit. Organizations are responsible for building relationships with providers in each targeted region and assisting with linkage to services and care coordination.

Selected providers will be awarded funding for the purchase and/or implementation of mobile medication units that provide appropriate privacy and adequate space to screen and administer medications for OUD treatment in accordance with federal regulations. The following services may be provided in mobile medication units, assuming compliance with all applicable federal, state, and local law:

- Administering medications for opioid use disorder treatment;
- Collecting samples for drug testing or analysis;
- Conducting intake/initial psychosocial and appropriate medical assessments, with a full physical examination to be completed or provided within 14-days of admission, in units that provide appropriate privacy and adequate space;
- Administering an FDA approved MOUD after an appropriate medical assessment has been performed; and
- Counseling and other services, in units that provide appropriate privacy and have adequate space, may be provided directly or when permissible through use of telehealth services.

Standards & Requirements

- The selected organizations will be responsible for purchasing, maintaining and operating the mobile unit
- In order to maintain the control of the unit, the organization must provide MOUD services for the duration of the useful life of the unit
- Upon the end of the useful life of the unit, the organization may maintain or dispose of the mobile unit
- In the event that the unit is no longer used to provide MOUD services, the unit will be returned to the State of Nevada and the State shall take possession of the unit within 30 days.
- Following the termination of the grant, the mobile units shall be maintained and operated by the organization with the requirement that the units continue the contracted services under the grant agreement.
- The organization will be responsible for vehicle insurance coverage for the duration of the operation of the mobile units.

7. Cultural Competence

DPBH and CASAT expect all applicants to gather and utilize knowledge, information, and data about individuals, families, communities, and groups and integrate that information into clinical practices, standards and skills, service approaches, techniques, and evidenced-based initiatives to best address each client's treatment needs. *Culturally competent care is a core value.* Similarly, SAMHSA expects recipients to use grant funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based as a means of improving behavioral health.

III. GRANTEE RESPONSIBILITIES

1. Modernization Act of 2010 - Data Collection and Reporting

As part of the 21st Century Cares Act, the Government Performance and Results Modernization Act (GPRA) of 2010 was updated requiring all SAMHSA grantees to collect and report performance data using approved measurement tools. All SAMHSA programs must collect and report performance data. Data is collected through SPARS and used to monitor the progress of grants, serve as a decision-making tool on funding, and improve the quality of services provided through the programs. By submitting a response to this NOFO, all applicants are agreeing to be compliant with the GPRA reporting and recognizes that funding is contingent on compliance. Applicants must provide details in the grant that document the plan for data collection and reporting using the Data Collection and Performance Measurement tools. In the event that funding ends, agencies are still obligated to provide client discharge information through September 29th, 2023.

Grantees will be required to report a series of data elements that will enable both the State of Nevada and SAMHSA to determine the impact of the program on opioid/stimulant use. ***Recipients will be expected to complete a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent, and complete a discharge GPRA interview.*** GPRA training and technical assistance will be offered to recipients. Program directors or identified personnel completing

reports will be required to attend a 1-hour GPRA Overview training to gain an understanding of how the GPRA will impact agency procedures. Individuals who will be conducting the GPRA interviews will be required to attend a 90-minute GPRA Administration training. Monthly meetings are held for interviewers to which one representative from each agency must attend. The collection of this data enables SAMHSA to report on key outcome measures relating to the grant program.

SAMHSA collects data on key output and outcome measures to monitor and manage grantee performance, improve the quality of services provided, and inform evaluation reports. Client-level data is mandated to be collected including demographics, diagnostic categories, substance use and abuse, mental health and physical health functioning, housing, employment, criminal justice status, and social connectedness. Recipients will be required to report client-level data on elements including but not limited to demographic characteristics, substance use, diagnosis(es), services received, and types of MOUD received.

Applicants must identify a specific point of contact (POC) and/or designated individual or position within the organization that collects and manages the GPRA data and processes. FTE in the budget must reflect GPRA interviews. The amount of FTE will depend on the number of clients expected to be treated by the agency. Since GPRA interviews are anticipated to take 45 minutes to complete, along with weekly reporting, and scheduling upcoming interviews. The following table gives an idea of corresponding FTE. The table is a general guide. The amount of FTE depends on how the agency chooses to complete accompanying paperwork and defines who would be responsible for that paperwork. An example of the number of FTE staff allowable, based on eligible monthly clients (with an OUD or stimulant use disorder) is below. Applicants are not mandated to identify a new FTE for compliance, but are mandated to identify who will and how the applicant will maintain GPRA compliance.

Clients Admitted Monthly	**FTE Need for GPRA Compliance**
50	1 to 1.5
100	2 to 2.5

A. Data Collection

1. Collect data, including data collected using SAMHSA approved measurement instruments (GPRA), at a minimum of pre and post service and six-month post intake on each individual client served;

2. Document and track the amount of service received per client;

3. Collect standard demographic information for each client, such as gender, race, ethnicity, income, education, age;

4. Comply with submitting data and information as part of the National Outcome Measurement System (NOMS) and Treatment Episode Data Set (TEDS) to DPBH's Central Data Repository (CDR). All applicants must be able to extract data from each respective EHR system to comply with the data collection measures.

B. Performance Reports

Grantees will submit a Progress Report on a monthly basis. The collection of Government Performance and Results Acts (GPRA) Core Client Measures for grant programs is mandatory for the SOR grant at intake, 6-month follow-up, and discharge.

By submitting this application, your agency is agreeing to comply with all GPRA Reporting Requirements. For more information please visit SAMHSA's website.

Performance reports must show progress towards completing Scope of Work (SOW) deliverables, goals and services through defined data collection processes and measures. Specific outputs will be negotiated during the contract award process. DPBH anticipates negotiating performance measures using a standardized menu of outputs and outcomes, depending on the type of work funded.

Examples of output measures to be reviewed and to be included in contracts may include, if appropriate, but are not limited to:

- The number of unduplicated individuals served annually (by state fiscal year),
- The number of encounters, treatment/services provided, activities occurring per month,
- The percentage of service slots that are filled per month, that also includes a baseline for what organizational and program capacity,
- The percentage of individuals that receive the intended number of service encounters,
- The percentage of individuals that receive the required screenings/assessments.

2. Compliance of Application

Applicant agrees to the following requirements of compliance with submission of an application.

1) If the applicant has not met performance measures of previous DHHS contracts, DHHS, or CASAT reserves the right to not award additional contracts.

2) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.

3) DHHS and/or any Division of CASAT may conduct on-site subrecipient reviews annually, or as deemed necessary.

4) DHHS and/or CASAT reserves the right during the contract period to renegotiate or change deliverables to expand services and/or to reduce funding when deliverables are not satisfactorily attained.

5) The applicant, its employees and agents must comply with all Federal, State, and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined under Eligible Organizations.

3. Program Income

Under Section 2 CFR §200.80, program income is defined as gross income earned by an organization that is directly generated by a supported activity or earned as result of the federal or state award during a specific period of performance. For programs receiving SAPTA funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives. Program income must be identified monthly on the Request for Reimbursement (RFR). All program funds must be expended prior to requested federal grant funds. Examples of where program funds have been used to augment program activities include, but are not limited to, outreach activities specific to program, bilingual telephone or program staff, improving Electronic Health Records (EHR), and/or telehealth equipment.

4. Licenses and Certifications

The Applicant, employees and agents must comply with all Federal, State, and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable for defined mental health direct services for children/youth and/or adults. Prior to award issuance, if selected, DPBH reserves the right to request that agencies provide documentation of all licenses and certifications which may include, but are not limited to licensing board requirements, SAPTA certification and service endorsements, facility licensing requirements HCQC (ex: residential), county business license, proof of non-profit status, etc.

IV. APPLICATION AND SUBMISSION INFORMATION

1. Technical Requirements

Pursuant to NRS, Applicants may not call to discuss applications or processes with any staff person. The only contact is SOR Project Staff at OPR@casat.org. Any violation of this is subject to immediate disqualification of funding. The evaluation committees remain confidential to ensure an open and transparent application process with no appearance of impropriety by any one applicant receiving information that is not available to all applicants. Employees who violate this policy may be subject to disciplinary action.

Completed applications must be submitted via email to the SOR Project Team no later than **Monday May 15, 2023 by 5:00 PM PST (Pacific Standard Time).** Please note that the application has been condensed to reduce the burden on applicants. Additionally, applications may remain on file for consideration of funding for future funds as they may come available for a period not to exceed four years.

The documents required to be submitted include 1) The completed application documents and 2) The Excel budget submitted to OPR@casat.org. If you do not receive an email acknowledgement of application receipt within 48 business hours, please send an email with **Notification Status** in the subject line. The Notification should state: *SOR Funding/Agency Name in the subject line.*

1.2 **The DPBH/CASAT team is not responsible for issues or delays in e-mail service**. Any applications received after the deadline may be disqualified from review. Therefore, the DPBH and CASAT encourage organizations to submit their applications

well before the deadline. No acknowledgements will be made for any submittal that arrives after the deadline has passed.

1.3 **Formatting:** Applicants must follow the requirements identified in the application including limitations on word count.

1.4 **Do not submit unsolicited materials** as part of your application. Any unsolicited materials mailed, delivered, or e-mailed to DPBH will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, licenses, certifications, etc. **The submission of additional materials may result in disqualification.**

1.5 Once the application is submitted, no corrections or adjustments may be made. DPBH will consider corrections or adjustments prior to the issuance of a subgrant, should both CASAT and the applicant agree on such changes or adjustments. Corrections or adjustments shall not be considered on any item that was considered critical to the consideration for the award.

2. Written Questions and Answers

In lieu of a pre-proposal conference, CASAT will provide one opportunity for Applicants to submit questions in writing, by email regarding this NOFO on or before Tuesday**, April 25, 2023, at 3:00 p.m. PST.** All questions and/or comments shall be addressed in writing and responses posted to the NVOPIODRESPONSE.org website on or before **Monday, May 1, 2023, at 3:00 p.m. PST**. Applicants shall provide their company name, phone number, contact name and email address when submitting questions.

3. Application Review Requirements

The Project Application Form must be submitted via PDF, with the Excel budget as a separate document, to be considered compliant with this NOFO. All sections are required to be complete. **Failure to complete any section may disqualify the applicant.** CASAT will work with the applicant on the performance measures based on the data and information provided if selected for an award. Data collection is not a performance measure, but supports the identification and success of performance measures.

A. Cover Page

A one-page cover page (Appendix A) must be completed. This must be the first page of the grant application, and all pages must be submitted in order of the Application Review Requirements.

B. Project Application Form

The Project Application Form must be submitted via PDF, with the Excel budget document, to be considered compliant with this NOFO. All sections are required to be complete. **Failure to complete any section may disqualify the applicant.** CASAT will work with the applicant on the performance measures based on the data and information provided if selected for an award. Data collection is not a performance measure but supports the identification and success of performance measures.

a. Baseline Data

Applicants are required to provide baseline measures of current capacity and clients served when identifying the enhancement or

expansion of programs in the Scope of Work.

b. Identification of Goal

The goal does not need to be measurable (e.g., improve the health of women, reduce harm to intravenous drug users (IVDUs), 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 wraparound services.*

c. Outcome Objectives

Please enter a description of measurable Outcome Objectives which are Specific, Measurable, Achievable, Realistic, and Time-limited (S.M.A.R.T.). Outcome objectives are specific statements describing the strategies you will employ and the evidence-based programs you plan to utilize to accomplish your objectives, which 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 60 days to no more than 14 days.

d. Activities

List the steps planned to achieve the stated Outcome Objective.

Example:

a. *Secure residential location, licensing, inspections, and certifications.*
b. *Hire support staff for the program, therapy, maintenance, etc.*
c. *Work with law enforcement, prosecutors, and the judiciary system to identify potential clients.*

e. Documentation

Please list any documentation or process evaluation documents that will be produced to track the completion of the activities.
Example:

d. *Informational brochures, copies of flyers, ads and newspaper articles, social media and TV ads used in this effort.*
e. *Contracts related to leasing, employment, supplies, maintenance agreements, operations, audit, etc.*
f. *Meeting minutes, Memorandum of Understanding, records of efforts to influence public opinion.*
g. *Records of interviews, surveys, reports, focus groups, local law enforcement data, etc.*

C. Budget Instructions

Provide a budget that is complete, cost effective, not supplanted, based on uncompensated care, and allowable (e.g., reasonable, allocable, and necessary for program activities). **All proposals must include a detailed project budget for each project period requesting grant funding.** If one shot funding is requested, that should be identified in project period one only. The budget should be an accurate representation of the funds needed to carry out the proposed *Scope of Work* and achieve the projected outcomes over the grant period. If the project is not fully funded, CASAT will work with the applicant to modify the budget, the Scope of Work, and the projected outcomes**.**

Direct services must comprise a minimum of 75% of the grant. Executive Directors are limited to "up to 25% maximum" and time must be justified and documented. Not all requests for Executive Directors will be allowed depending on project descriptions, the overall agency and existing funding for those positions. Administrative staff, electronic health records, human resources, office managers, insurance, rent (in most cases) are considered part of the indirect and non-allowable as a direct line item. ***Grant funds do not pay for general auditing or the completion of the 990 forms for non-profits.***

Applicants **must** use the budget template form (Excel spreadsheet) provided in this NOFO. Use the budget definitions provided in the "Categorized Budgets" section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas.**

The column for extensions (unit cost, quantity, total) on the budget narrative should include only funds requested in this application. Budget items funded through other sources may be included in the budget narrative description, but not in the extension column. **Ensure that all figures add up correctly and that totals match within and between all forms and sections.** The budget application must comply with 2 CFR 200.68 for Modified Total Direct Cost (MTDC) for determining if any indirect cost is permissible. Indirect cost may not be taken on direct services.

1. **Personnel**
   Employees who provide direct services are provided here. The Personnel section is for staff that are responsible, who work as part of the applicant organization, for whom the applicant organization provides a furnished work-space, tools, and the organization determines the means and the method of service delivery. The percentage of the application is specific to the percentage of time that is serving only opioid/stimulant use clients. Contractors include those staff who provide products or services independently, and provide their own workspace, tools, means and methods for completion.
   For example:
   Intake Specialist | $20/hour X 40 hours/week X 52 weeks = $ 41,600.00
   Fringe = $41,600 X 15% (e.g. health insurance, FICA, workmen's comp) = $ 6,240.00
   Personnel Total = $ 47,840.00

   Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant's indirect costs *(explained later).*

2. **Travel**
   Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently 65.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at Travel Resources: GSA. Applicants are encouraged to utilize video conferencing and comply with all COVID federal and state regulations.

3. **Operating**
   Supplies: List and justify tangible and expendable property, such as office supplies, printing, program supplies, etc., that are purchased specifically for this project. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary. ***Occupancy:*** Identify and justify any facility costs specifically associated with the project. Allocations must be specific to the targeted population. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with **this grant project** should be requested in this budget that are not included in the indirect cost rate.

4. **Equipment**
   Equipment is defined as 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. A computer that is valued at $1,200 is not considered equipment and should be requested in Operating. A machine that costs $5,001, would be listed as equipment.

5. **Contractual/Consultant Services**
   Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate

partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements or contracts must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DPBH. An example of a consultant would be a CPA that provides services to multiple agencies or firms and/or operates their own agency, in their own office, or on their own schedule. Another example would be an individual that provides intermittent, as-needed services and has the free-agency to determine how those services are developed or provided.

6. **Other Expenses**
   Identify and justify these expenditures, which can include relevant expenditures associated with the project.

7. **Indirect Costs**
   Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration staff, human resources, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. If agencies have a federally approved indirect cost rate, that rate must be used. All other agencies may use the MTDC Base and Exclusions, currently at 10%. Indirect is not permitted to be used for direct service.

D. Subrecipient Contact (Attachment 3B)

A one-page Subrecipient Contact is in Appendix H. This must be the first page of the grant application, and all pages must be submitted in order of the Application Review Requirements.

E. Resume of Key Program Staff Member and Organization Chart
Provide the resume of the Project Manager with the licensure or expertise in providing evidence-based services. This resume cannot be more than two (2) pages long and should represent experience related to the proposed project. An organization chart that is no more than one (page) that includes all key program staff, the GPRA point of contact, and titles of the positions identified to support the program. CASAT reserves the right to request additional resumes based on the proposed project (and included in the Project Information Form).

Scoring Matrix

Application	*Scoring*	*Description and/or Application Section*
Project Application Complete	P/F	Technical Review
Budget Narrative Complete	P/F	Technical Review (Separate Excel Document)
Capacity & Sustainability	5	Section J
Abstract	5	Section M
Organizational Capacity	15	Section N
Project Design & Implementation	25	Section O (Program details)
Capabilities & Competencies	20	Section P (specific to proposed scope)

Data Collection	10	Section Q (ability of agency to collect data)
Scope of Work	15	Section R
Resumeé for Project Manager	5	Section S
All assurances signed	P/F	Technical Review
CASAT Risk Management	P/F	Technical Review
CASAT Subrecipient Contract	P/F	Technical Review
Total	100	

V. SELECTION PROCESS OF NOFO

DPBH and CASAT have selected the Notice of Funding Opportunity (NOFO) process which describes the needs and existing goals under the SOR Grant.

- The application must request funding within programmatic funding constraints.
- The application must be responsive to the scope of the solicitation.
- The application must include all items designated as basic minimum requirements.

1. RFA Review Process

Proposals received by the deadline will be reviewed as follows:

A. Technical Review
DHHS or CASAT staff will perform a technical review of each proposal to ensure that minimum standards are met.

B. Evaluation
Applications that meet minimum standards will be forwarded to a review team selected by CASAT. Reviewers will score each application, using the Scoring Matrix. In accordance with prevailing grant evaluation procedures, discussion between applicants and reviewers will not be allowed during the scoring process. Requests must stand on their own merit. Do not assume that the reviewers are familiar with your organization or the services that you provide.

C. Program Priorities
Projects applications shall not be selected solely on total scores but will also consider priority populations and shall be reviewed under each funding priority as defined in Section 2.4. Each proposed area of service will be reviewed separately. DPBH will make awards based on a combination of the grant proposals able to meet the needs of the target population and funding priorities in each section.

D. Final Review
After reviewing and scoring the applications based on priority areas, CASAT will submit final recommendations to DPBH. Final decisions will be made on the following factors:

a. Scores on the scoring matrix;
b. Geographic distribution;
c. Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding;
d. Budget appropriateness and completeness and alignment with the scope of work; and
e. Availability of funding

Notification Process

Applicants will be notified of their status with a Letter of Intent after June 1, 2023 and after all considerations have been made. CASAT staff may conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified in the evaluation period. These issues may include, but are not limited to:

- Revisions to the project budget;
- Revisions to the Scope of Work and/or Performance Indicators; and/or
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements or more frequent reviews, etc.).

Not all applicants who are contacted for final negotiations will necessarily receive an award. All related issues must be resolved before a grant will be awarded. **All funding is contingent upon availability of funds.** Upon successful conclusion of negotiations, CASAT staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA and any supporting documents will be distributed to the subrecipient upon approval of the Subaward.

3. Disclaimer

DPBH and CASAT reserve the right to accept or reject any or all applications. This NOFO does not obligate the State or CASAT to award a contract or complete the project, and the State reserves the right to cancel the solicitation if it is in its best interest. DPBH reserves the right to use this NOFO for grant funding for a period not to exceed four (4) years.

4. Upon Approval of Award

A. Monthly Financial Status and Request for Reimbursement Reports

DPBH/CASAT requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form must be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds. **The monthly reports will be due by the 5th of the following month.**

E. Performance Reporting

Applicants who receive an award must collaborate with the DPBH/CASAT in reporting monthly on progress towards meeting SOW deliverables. Additional performance reports may be requested as instructed by CASAT. **Monthly progress reports will be due by the 5th of the month.**

F. Subrecipient Monitoring

Successful applicants must participate in subrecipient monitoring. Subrecipient monitoring is intended to provide ongoing technical support to subrecipients and gather information reportable by DPBH or UNR/CASAT to the state oversight entities. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The subrecipient's primary contact person and appropriate staff should make themselves available to answer questions and assist the reviewer(s) throughout the process. At least one (1) board or executive level team member must also be available during the exit discussion. The subrecipient monitoring reports or action items will be sent to the subrecipient within 30 working days following the conclusion of the monitoring.

G. Compliance with changes to Federal and State Laws

As federal and state laws change and affect either the DPBH process or the requirements of recipients, successful applicants will be required to respond to and adhere to all new regulations and requirements.

H. Applicant Risk

Pursuant to the Part 200 Uniform Requirements, before award decisions are made, UNR/CASAT also reviews information related to the degree of risk posed by the applicant. Among other things to help assess whether an applicant that has one or more prior federal awards has a satisfactory record with respect to performance, integrity, and business ethics, UNR/CASAT checks whether the applicant is listed as excluded from receiving a federal award. In addition, if UNR/CASAT anticipates that an award will exceed $250,000 in federal funds, UNR/CASAT also must review and consider any information about the applicant that appears in the nonpublic segment of the integrity and performance system accessible through the Federal Awardee Performance and Integrity Information System, FAPIIS.

Fee-For-Service Rate Schedule

This exhibit contains agreed upon rates per service for this grant period. Services are only allowable in services levels marked with an "X"

Code	Service Code Description	SAP Rate	Level 1: Outpatient Services	Level 2.1: Intensive Outpatient Services	Level 2.5: Partial Hospitalization Services	Level 3.1: CM Low-I Residential	Level 3.2-WM: CM	Level 3.5: CM Med-I
99401	Preventive med counseling	$38.27	X					
99406	Smoking and tobacco cessation counseling (3-10 Minutes)	$13.59	X					
99407	Smoking and tobacco cessation counseling (>10 Minutes)	$26.53	X					
99408	Alcohol and/or substance abuse screening (15-30 Minutes)	$33.95	X					
99409	Alcohol and/or substance abuse screening (>30 Minutes)	$66.14	X					

H0001	Alcohol and/or drug assessment (1 unit per assessment at least 30 minutes) * If a CADC-I completes the assessment, it will not be counted completed until it has been reviewed and approved by the clinical supervisor.	$152.15	X	X	X				
H0002	Behavioral health screening to determine eligibility for admission to treatment program (1 unit per assessment at least 30 minutes)	$33.57	X	X	X				
H0005	Alcohol and/or drug services; group counseling by a clinician (1 unit per group at least 30 minutes)	$32.57	X		X				
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	$23.69	X		X				
H0015	Alcohol and/or drug services; intensive outpatient program (3 hours per day at least 3 days per week) (1 unit equals 1 day/visit)	$153.23		X	X				
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	$4.30	X		X				
H0034	Medication training and support; per 15 minutes	$18.53	X		X				
H0035	Mental health partial hospitalization, treatment less than 24 hours (1 unit equals 60 minutes)	$59.76	X		X				
H0038	Self-help/peer service; per 15 minutes	$8.60	X		X				
H0038	Self-help/peer service; per 15 minutes; Use modifier HQ when requesting/billing for a group setting	$1.72	X		X				

H0047	Alcohol and/or drug services; (State defined: individual counseling by a clinician). (1 unit per session at least 30 minutes)	$63.04	X		X				
H0049	Alcohol/drug screening (1 unit per screening)	$10.64	X		X				
90785	Interactive Complexity	$4.80	X		X				
90791	Psychiatric diagnostic evaluation	$152.15	X		X				
90792	Psychiatric diagnostic evaluation with medical services	$124.11	X		X				
90832	Psychotherapy, 30 mins, with pt and/or family member	$63.04	X		X				
90834	Psychotherapy, 45 mins, with pt and/or family member	$80.65	X		X				
90837	Psychotherapy, 60 mins, with pt and/or family member	$117.99	X		X				
90846	Family psychotherapy (without the patient present)	$88.83	X		X				
90847	Family psychotherapy (conjoint therapy) (with patient present)	$106.75	X		X				
90849	Multiple-family group psychotherapy	$31.13	X		X				
90853	Group psychotherapy (other than of a multiple-family group)	$32.57	X		X				
90839	Psychotherapy for Crisis first 60 mins	$122.80	X		X				

90840	Psychotherapy for Crisis each additional 30 mins	$61.39	X		X				
90833	Psychotherapy, 30 mins, with pt and/or family member when performed with an E/M service.	$41.52	X		X				
90836	Psychotherapy, 45 mins, with pt and/or family member when performed with an E/M service.	$67.34	X		X				
90838	Psychotherapy, 60 mins, with pt and/or family member when performed with an E/M service.	$108.54	X		X				
99201	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. 10 mins face-to-face.	$32.23	X		X				
99202	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. 20 mins face-to-face.	$58.41	X		X				
99203	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. 30 mins face-to-face.	$87.62	X		X				

99204	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. 45 mins face-to-face.	$124.21	X		X				
99205	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. 60 mins face-to-face.	$125.05	X		X				
99211	Office or other outpatient visit for the E/M of an ESTABLISHED patient, that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problems are minimal. Typically, 5 minutes are spent performing or supervising these services.	$19.47	X		X				
99212	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are self limited or minor. Typically, 10 minutes face-to-face.	$34.57	X		X				

99213	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are low to moderate severity. Typically, 15 minutes face-to-face.	$48.00	X		X			
99214	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity. Typically, 25 minutes face-to-face.	$74.86	X		X			
99215	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity. Typically, 40 minutes face-to-face.	$110.11	X		X			
99218	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	$60.76	X		X			

99219	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	$101.71	X		X			
99220	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	$142.33	X		X			
31R	Residential Treatment (Level 3.1)	$124.92			X	X		
32D	Detoxification (Level 3.2-D)	$152.74			X		X	
35R	Residential Treatment (Level 3.5)	$184.98			X			X
37D	Detoxification (Level 3.7-WM)	$294.01			X		X	
TRNS	Transitional Housing	$102.76			X			

Compliance with this section is acknowledged by signing the subaward cover page of this packet.

Appendix A: Cover Page

University of Nevada, Reno Center for the Application of Substance Abuse Technologies

In response to:
NOFO
SOR Funding
Deadline for Submission and Time: May 15, 2023
Our application is respectfully submitted as follows:

Company Name:	
Site Address where services will be administered:	
Mailing Address: (If different)	
Phone:	
Executive Director/CEO:	
Primary Contact for 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: Application Form

This form is required to be completed in its entirety. **All fields are mandatory**. If not appropriate or applicable, place N/A. Any failure to respond to any question, may result in disqualification. Do not add or delete from this Application Form. **Font type is to be Arial 11 pt.** Word limitations are considered maximum word counts and Applicants may choose to write fewer words.

A. Organization Type. Define the primary applicant's organization type as registered with the State of Nevada Secretary of State Office. *Note: Different funding sources have limits on type of organizations that may receive funding.* If unsure, refer to your business license. **You must check one.**

☐ Public Agency ☐ 501(c)(3) Nonprofit ☐ Private ☐ Higher Education ☐ Tribal

☐ Other Click or tap here to enter text.

B. Geographic Area of Service

PROVIDE PRIMARY LOCATION WHERE SERVICES WILL BE PROVIDED. FOR EXAMPLE, WASHOE COUNTY, STATEWIDE OR BY ZIP CODE. SELECT ONLY ONE AND DESCRIBE IN BOX ADJACENT.	
☐ **CITY, OR ZIP CODE**	Click or tap here to enter text.
☐ **COUNTY**	Click or tap here to enter text.
☐ **REGION**	Click or tap here to enter text.
☐ **STATEWIDE**	Click or tap here to enter text.

C. Applicant Organization

ALL SECTIONS OF THE APPLICANT ORGANIZATION ARE MANDATORY AND N/A IS NOT ACCEPTABLE. APPLICANTS THAT DO NOT PROVIDE A FEDERAL TAX IDENTIFICATION NUMBER AND A UNIQUE ENTITY IDENTIFIER (UEI) NUMBER WILL BE DISQUALIFIED.		
ORGANIZATION NAME	Click or tap here to enter text.	
MAILING ADDRESS	Click or tap here to enter text.	
PHYSICAL ADDRESS	Click or tap here to enter text.	
CITY	Click or tap here to enter text.	NV
ZIP (9-DIGIT ZIP REQUIRED)	Click or tap here to enter text.	
FEDERAL TAX ID #	Click or tap here to enter text.	
UNIQUE ENTITY IDENTIFIER (UEI) NUMBER	Click or tap here to enter text.	

D. Program Manager, Point of Contact

PROGRAM CONTACT IS THE INDIVIDUAL WHO WILL BE RESPONSIBLE FOR THE ACTIVITIES OF THE GRANT (I.E. MEETING SCOPE OF WORK DELIVERABLES).		
NAME	Click or tap here to enter text.	
TITLE	Click or tap here to enter text.	
PHONE	Click or tap here to enter text.	
E-MAIL	Click or tap here to enter text.	
SAME MAILING ADDRESS AS SECTION C? ☐ YES ☐ NO, USE BELOW ADDRESS INFORMATION		
ADDRESS	Click or tap here to enter text.	
CITY	Click or tap here to enter text.	NV
ZIP (9-DIGIT ZIP REQUIRED)	Click or tap here to enter text.	

E. FISCAL OFFICER

FISCAL CONTACT IS INDIVIDUAL RESPONSIBLE FOR THE BUDGET AND SUBMISSION OF REIMBURSEMENT REQUESTS.		
NAME	Click or tap here to enter text.	
TITLE	Click or tap here to enter text.	
PHONE	Click or tap here to enter text.	
EMAIL	Click or tap here to enter text.	
SAME MAILING ADDRESS AS SECTION C? ☐YES ☐ NO, USE BELOW ADDRESS INFORMATION		
ADDRESS	Click or tap here to enter text.	
CITY	Click or tap here to enter text.	NV
ZIP (9-DIGIT ZIP REQUIRED)	Click or tap here to enter text.	

F. KEY PERSONNEL (ADD ROWS IF REQUIRED)

KEY PERSONNEL ARE DIRECTLY RESPONSIBLE FOR PROJECT DELIVERABLES. Key personnel are employees, consultants, subcontractors, or volunteers who have the required qualifications and professional licenses to provide the proposed services. The GPRA Coordinator is required.

NAME	TITLE	LICENSED?
Click or tap here to enter text.	Program Manager (Mandatory Field) If licensed, License Type: License Number:	☐Yes ☐ No
Click or tap here to enter text.	Individual responsible for Progress Report	☐Yes ☐ No
Click or tap here to enter text.	Individual responsible for Requests for Reimbursement	☐Yes ☐ No
Click or tap here to enter text.	Individual collecting/submitting GPRA data	☐Yes ☐ No

F. THIRD PARTY (E.G. MEDICAID) PAYER IDENTIFICATION

A RESPONSE OF YES MEANS YOU ARE CURRENTLY ENROLLED AS A PROVIDER AND NOT THAT YOU ARE IN THE PROCESS.	
	☐Yes ☐ No

Question	Response
Are you currently a registered provider with the Division of Health Care Finance and Policy (DHCFP) – Nevada Medicaid?	
Are you currently registered as a provider with the Health Plan of Nevada?	☐Yes ☐ No
Are you currently registered as a provider with United Health Care?	☐Yes ☐ No
Are you currently registered as a provider with Blue Cross/Blue Shield Anthem?	☐Yes ☐ No
Are you currently registered as a provider with Silver Summit?	☐Yes ☐ No
Please identify any other third-party payors billed (e.g., insurance companies) your organization is registered with as a provider type for billing purposes. Click or tap here to enter text.	

Current provider types (PT) for third-party payors:	
PT 11 Hospital, Inpatient	☐Yes ☐ No
PT 12 Hospital, Outpatient	☐Yes ☐ No
PT 13 Psychiatric Hospital	☐Yes ☐ No
PT 14 Behavioral Health Outpatient	☐Yes ☐ No
PT 17 Specialty Clinic (e.g. CCBHC, FQHC)	☐Yes ☐ No
PT 20 Physician	☐Yes ☐ No
PT 26 Psychologist	☐Yes ☐ No
PT 32 Community Paramedicine	☐Yes ☐ No
PT 47 Indian Health Programs and Tribal Clinics	☐Yes ☐ No
PT 54 Targeted Case Management	☐Yes ☐ No
PT 60 School Based	☐Yes ☐ No
PT 63 Residential Treatment Center (RTC)	☐Yes ☐ No
PT 82 Behavioral Health Rehabilitative Treatment	☐Yes ☐ No
Other, Please Define: Click or tap here to enter text.	

F. CERTIFICATION OF PROVIDER

ANSWERS ARE SPECIFIC TO THE ORGANIZATION CERTIFICATION AT THE TIME OF THE SUBMITTAL AND NOT ANY TEAM MEMBER CERTIFICATIONS.	
Are you JCAHO (Joint Commission) Certified?	☐Yes ☐ No
Are you SAPTA Certified under Nevada Revised Statute (NRS) 458, and Nevada Administrative Code (NAC) 458 *and* do you have a minimum of two (2) years providing substance use disorder treatment?	☐Yes ☐ No
OR, are you able to provide memorandums of understanding (MOU)s with community partners who will provide treatment and are able to provide proof of SAPTA certification in good standing?	☐Yes ☐ No
Please identify any additional certifications your organization (not individuals) holds: Click or tap here to enter text.	

I. CURRENT FUNDING (FEDERAL, STATE, AND PRIVATE FUNDING).

FEDERAL, STATE AND PRIVATE FUNDING. PRIVATE FUNDING MAY BE IDENTIFIED AS TOTAL. ANY FEDERAL OR STATE FUNDS MUST BE DETAILED OUT. ADD ROWS AS REQUIRED. THIS INCLUDES ALL FEDERAL OR STATE GRANTS. STATE GRANTS ARE NOT PRIVATE FUNDING.			
Funding	**Type**	**Project Period End Date**	**Current or Previous Amount Awarded ($)**
Example: State Opioid Response Grant	*Grant*	*September 2023*	*$100,000*
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			
Click or tap here to enter text.			

J. CAPACITY AND SUSTAINABILITY

Define what you have done to increase sustainability efforts within the last three years (i.e. Medicaid billable, increased other forms of funding) to reduce your reliance on federal or state grant funding. Do not exceed 200 words.

Click or tap here to enter text.

TARGET POPULATION (SELECT ONLY ONE).

☐ (A) Adults

☐ (Y) Youth/Adolescents

☐ (B) Both, must demonstrate capacity and capability in application

J. PRIORITY AREA (Note – Applicants may not check more than one priority area). Applicants may submit more than one application. Checking more than one priority area may result in disqualification. The priority service areas must match your population of focus in K.

☐ TARGET 1: MEDICATION FOR OPIOID USE DISORDERS AND/OR BEHAVIORAL HEALTH TREATMENT SERVICE EXPANSION

☐ TARGET 2: TRIBAL TREATMENT AND RECOVERY SERVICES

☐ TARGET 3: RECOVERY SUPPORT SERVICES

☐ TARGET 4: ENHANCED SUPPORTS FOR CHILDREN AND/OR FAMILIES

☐ TARGET 5: HOSPITAL BASED MOUD INDUCTION

☐ TARGET 6: RECOVERY HOUSING

☐ TARGET 7: RURAL AND FRONTIER MOBILE RECOVERY UNITS

K. PROJECT ABSTRACT

The project abstract serves as a succinct description of the proposed project and a description of how the funds will be used. The abstract should be clear, accurate, concise, and without reference to other parts of the application. The abstract should be single spaced. Do not exceed 250 words. (Name, Priority Area, and Estimated Budget do not count towards the 250 words.)
NAME OF PROJECT: Click or tap here to enter text.

Click or tap here to enter text.	
Priority Area	Click or tap here to enter text.
Estimated Budget (Pull from Budget)	Click or tap here to enter text.

L. ORGANIZATIONAL CAPACITY DESCRIPTION

The Organization Description must include an overview of your organization demonstrating not less than two (2) years of operation, its structure, and relevant experience. Describe organization's qualifications and experiences to implement the proposed project and previous experience related in scope and complexity to the Proposed Project. (Single Spaced, with a maximum of 500 words.)

Click or tap here to enter text.

M. PROJECT DESIGN AND IMPLEMENTATION

The Project Design and Implementation should provide a detailed description of the program and service array that is proposed to be funded. The following questions should be answered concisely and completely. Maximum of 1,500 words (single spaced).
1. Describe how the project will address the *Target Population.*   Click or tap here to enter text.   **2. Describe the program activities and how they relate to the overall goals of the project: SOW objectives and how the objectives will be achieved.**   Click or tap here to enter text.   **3. Describe how many individuals in each ASAM appropriate level of care you are expecting to seek reimbursement for will be served monthly and annually. *This will translate into the number of GPRAs that will need to be collected.***   Click or tap here to enter text.   **4. Define the evidence-based practice(s) or promising practice(s) being utilized.**   Click or tap here to enter text.   **5. Describe how proposed services meet the requirements of being culturally inclusive and what activities will be done to reach underserved priority populations.**   Click or tap here to enter text.

N. CAPABILITIES AND COMPETENCIES

Describe the capabilities of the applicant, the subrecipients, and/or contractors to successfully implement the project. This section should also state the

competencies of the staff assigned to the project. Describe the roles, experiences, and tenure of key employees who will be running the day-to-day operations of the project. Maximum of 500 words, single spaced.

Click or tap here to enter text.

.

O. DATA COLLECTION

Describe the data and systems that your organization currently utilizes to collect unduplicated client level data, number of services provided, who collects the data, who is responsible for performance measurement and how the data it used to guide and evaluate current program activities. Identify if the organization has an electronic health record system, and what that system is. ***(Selected organizations will be required to collect and submit data specific to: Client Level Data System (CLDS), GPRA, TEDS, or other data collection/systems based on the funding sources.) Maximum of 500 words, single spaced.***
Click or tap here to enter text.

P. SCOPE OF WORK

Complete the form below, provide a description of the services proposed that includes objectives, strategies and how data will be collected to ensure the activity is performed. CASAT will work with selected providers to detail out the performance measures associated with the scope of work. Do not exceed three pages. Applicant chooses how many goals to complete. Add more lines as needed. (Please note: Certain areas will have specific standards and goals which will be added prior to start of award).

Describe the primary goal the program wishes to accomplish with this subaward.

Goal 1: Collect and submit GPRA data for individuals served under SOR funded activities, with a minimum compliance of 80%.

Objective	Activities | Strategies	How Data will be Collected/ Documentation
1. Data collection and reporting will be provided, as required by the project.	1. Participate in GPRA monthly meetings 2. A minimum of 80% of appropriate individuals will complete the GPRA within 1 week of intake 3. A minimum of 80% of individuals will complete the 6 month follow up GPRA 4. A minimum of 80% of individuals will complete the discharge GPRA	1. Meeting notes from monthly GPRA calls 2. Weekly submission of GPRA reporting sheet to CASAT 3. Weekly upload of completed GPRAs to batch uploading system

Describe the most important secondary goal the program plans to accomplish with this subaward.

Goal 2: Click or tap here to enter text.

Objective	Activities | Strategies	How Data will be Collected | Documentation
1. 2.	1. 2.	1. 2.

Goal 3: Click or tap here to enter text.

Objective	Activities | Strategies	How Data Collected | Documentation
1. 2.	1. 2.	1. 2.

Goal 4: Click or tap here to enter text.

Objective	Activities | Strategies	How Data Collected | Documentation
1. 2.	1. 2.	1. 2.

Add additional Goals as required.

Q. Project Manager CV/Resume (One-Page)

Insert a brief resume/biography with highlights of the Program Manager (from Section F), who is responsible for the program deliverables to include education, licensure, and applicable experience for the proposed scope of work. The state reserves the right to request additional resumes or CVs based on program activities. Do not exceed 400 words.

Click or tap here to enter text.

Budget Narrative

Double Click on the table to open

Click to Insert Organization Name			
BUDGET NARRATIVE			
July 1. 2023 - September 29, 2023 (three-month budget)			
Detailed Proposed Budget of Year 1: June 1, 2019 through May 31, 2020			
Category	**Details of Expected Expenses**	**Detailed Cost**	**Total Category Cost**
1. Salaries			
	Number and type (position type, FTE type) of staff to be hired.Justification for position, to include primary responsibilities. Insert a new row for each position.	detailed Cost	
Salaries Subtotal			detailed Cost
2. Fringe			
	Provide estimated fringe for staff to be hired.	$ -	
Fringe Subtotal			$ -
2. Travel			
	Provide details of positions traveling, locations, dates of travel, specific travel purpose and breakdown of calculations. Reimbursement made in accordance with SAM. Insert a new row for each item.	$ -	
Travel Subtotal			$ -
3. Supplies			
	Provide details regarding business purpose of all items and breakdown of calculations. Insert a new row for each item or item type. All supplies under $5,000 per unit, are required.	$ -	
Supplies Subtotal			$ -
5. Contractual			
	Provide details regarding business purpose of all items and breakdown of calculations. Insert a new row for each contractor/consultant.	$ -	
Contractual Subtotal			$ -
4. Equipment			
	Provide details regarding business purpose of all items and breakdown of calculations. Insert a new row for each item. Please note, items that cost under $5,000 should be listed under supplies.	$ -	
Equipment Subtotal			$ -
7. Indirect			
	For Indirect Costs, provide documentation of federally negotiated indirect cost rate agreement, if available. If subrecipient does not have this, it will receive the de minimus indirect cost rate of 10% of total Modified Cost Rate (MTDC) cost pursuant to the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (Uniform Guidance), §200.414. Note that if the federal award has a lesser rate than the subrecipient's federally negotiated rate, the rate on the award will be followed. Insert a new row for each item.	$ -	
Indirect Subtotal			$ -

Appendix E: DPBH Provisions of Grant Acceptance

Applicability: This section is applicable to all subrecipients who receive funding from the Division of Public and Behavioral Health (DPBH). 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 & / or Projects for Assistance in Transition from Homelessness.
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 for guidelines for travel.
9. The Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention Policies and guidelines.
10. State Licensure and certification
    a. The Subrecipient is required to be in compliance with all State licensure and/or certification requirements.
11. The Subrecipient's commercial general or professional liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent Sub- grantees, completed operations, personal injury, products, civil lawsuits, Title VII actions, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
12. To the fullest extent permitted by law, Subrecipient shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of Subrecipient, its officers, employees and agents.
13. 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.
14. 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.
15. 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).
16. The subrecipient is required to maintain a Central Repository for Nevada Records of Criminal History and ensure FBI background checks have occurred every 3 to 5 years on all staff, volunteers, and consultants occupying clinical and supportive roles, if the subgrantee serves minors with funds awarded through this sub-grant.
17. Application to 211 - As of October 1, 2017, the Subrecipient will be required to submit an application to register with the Nevada 211 system.
18. The Subrecipient agrees to fully cooperate with all Bureau of Behavioral Health Wellness and Prevention sponsored studies including, but not limited to, utilization management reviews, program compliance monitoring, reporting requirements, complaint investigations, and evaluation studies.

19. The Subrecipient must be enrolled in System Award Management (SAM) as required by the Federal Funding Accountability and Transparency Act.
20. The Subrecipient acknowledges that to better address the needs of Nevada, funds identified in this sub-grant may be reallocated if ANY terms of the sub-grant are not met, including failure to meet the scope of work. The Division may reallocate funds to other programs to ensure that gaps in service are addressed.
21. The Subrecipient acknowledges that if the scope of work is NOT being met, the Subrecipient will be provided a chance to develop an action plan on how the scope of work will be met and technical assistance will be provided by Division staff or specified sub-contractor. The Subrecipient will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved, the Division will provide a written notice identifying the reduction of funds and the necessary steps.
22. "The Subrecipients will NOT expend Division funds, including Federal Substance Abuse Prevention and Treatment and Community Mental Health services Block Grant Funds for any of the following purposes: a. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment. b. To purchase equipment over $1,000 without approval from the Division. c. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds. d. To provide in-patient hospital services. e. To make payments to intended recipients of health services. f. 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. g. To provide treatment services in penal or correctional institutions of the State.
23. Failure to meet any condition listed within the sub-grant 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:

24. For 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.
25. For 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

26. 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.

27. The non-federal entity financial statements may also include departments, agencies, and other organizational units.
28. Year-End Financial Report must be signed by the CEO or Chairman of the Board.
29. 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.
30. The Year-End Financial Report must include a schedule of expenditures of federal and State awards. At a minimum, the schedule must:
    a. List individual federal and State programs by agency and provide the applicable federal agency name. b. Include the name of the pass-through entity (State Program). c. Must identify the CFDA number as applicable to the federal awards or other identifying number when the CFDA information is not available. d. Include the total amount provided to the non-federal entity from each federal and State program.
31. The Year-End Financial Report must be submitted to the Division 90 days after fiscal year end at the following address.
    Behavioral Health, Prevention and Treatment Attn: Management Oversight Team, 4126 Technology Way, Second Floor, Carson City, NV 89706

Limited Scope Audits

32. The auditor must: a. Perform an audit of the financial statement(s) for the federal program in accordance with GAGAS; b. Obtain an understanding of internal controls and perform tests of internal controls over the federal program consistent with the requirements for a federal program; c. 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; d. 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; e. And, report any audit findings consistent with the requirements of 2 CFR Part 200, §200.516 Audit findings.
33. 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.
34. The auditor's report(s) must state that the audit was conducted in accordance with this part and include the following: a. 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; b. 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; c. 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 d. 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).
35. The Limited Scope Audit Report must be submitted to the Division within the earlier of 30 calendar days after receipt of the Printed: 7/19/2019 8:58 PM - Nevada Page 5 of 9 Printed: 7/30/2019 6:29 PM - Nevada Page 5 of 9 Printed: 7/31/2019 11:40 AM - Nevada Page 5 of 9 Printed: 7/31/2019 3:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada Page 5 of 9 Printed: 8/1/2019 6:16 PM - Nevada - OMB No. 0930-0168

Approved: 04/19/2019 Expires: 04/30/2022 Page 188 of 337 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, Prevention and Treatment Attn: Management Oversight Team 4126 Technology Way, Second Floor Carson City, NV 89706

Amendments

36. 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 Bureau of Behavioral Health Wellness and Prevention prior to submitting any request for reimbursement for the period in which the modification affects. Notification may be made via e-mail.
37. For any budgetary changes that are in excess of 10% of the total award, an official amendment is required. Requests for such amendments must be made to the Bureau of Behavioral Health Wellness and Prevention in writing.
38. Any expenses that are incurred in relation to a budgetary amendment without prior approval are unallowable.
39. 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.
40. The Subrecipient acknowledges that requests to revise the approved sub-grant must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
41. Final changes to the approved sub-grant that will result in an amendment must be received 60 days prior to the end of the sub-grant 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

42. UNR/CASAT reserves the right to hold reimbursement under this sub-grant until any delinquent requests, forms, reports, and expenditure documentation are submitted to CASAT and approved by the Division.

Agreed to:

Signature:________________________________ Date: Click here to enter a date.

Printed Name: Click here to enter text.
Title: Click here to enter text.

Appendix F: DPBH Internal Controls

ORGANIZATION FINANCIAL INFORMATION (for nonprofit organizations only)

1. According to your organization's most recent audit or balance sheet, are the total current assets greater than the liabilities?

   ☐ YES ☐ NO

2. Is the total amount requested for this SOR funding opportunity greater than 50% of your organization's current total annual budget?

   ☐ YES ☐ NO

ACCOUNTING

3. Briefly describe your organization’s accounting system and accounting processes, including:

   A. Is the accounting system computerized, manual, or a combination of both? If your accounting system is computerized, indicate the name of the financial software.
   Click here to enter text.

   B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?
   Click here to enter text.

   C. Your expenditure reports will be due by the 5th of each month. (If the 5th falls on a Saturday, Sunday, or State of Nevada holiday, expenditure reports are due the next business day.) To ensure that you submit expenditure reports in a timely manner, please respond to the following:

      1) By what date must any Partner Organizations submit reimbursement requests to your agency (e.g., Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 5th of each month)?
      Click here to enter text.
      2) By what date do you close the General Ledger (e.g., GL is closed no later than the 5th of each month)?
      Click here to enter text.

   D. How are transactions organized, maintained, and summarized in financial reports?

Click here to enter text.

Answer each of the following questions with either a “YES”, “NO”, or "NOT APPLICABLE" by checking the respective box.

4. The SAPTA has adopted the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) as the fiscal and administrative guidelines for this grant program. Is the staff who will be responsible for the financial management of your award familiar with these documents?

☐ YES ☐ NO

5. Does your organization have written accounting policies? Do your policies include policies on the procurement of goods/services?

☐ YES ☐ NO

6. Does your accounting system identify and segregate:

- Allowable and unallowable costs;
- Direct and indirect expenses;
- Grant costs and non-grant costs; and
- The allocation of indirect costs.

☐ YES ☐ NO

7. If your organization has more than one grant contract, does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each contract?

☐ YES ☐ NO ☐ NOT APPLICABLE

8. Are individual cost elements in your organization's chart of accounts reconciled to the cost categories in the approved budget?

☐ YES ☐ NO

9. Are your accounting records supported by source documentation (invoices, receipts, approvals, receiving reports, canceled checks, etc.) and on file for easy retrieval?

☐ YES ☐ NO

GENERAL ADMINISTRATION AND INTERNAL CONTROLS

10. Does your organization have written personnel policies?

☐ YES ☐ NO

11. Does your organization have written job descriptions with set salary levels for each employee?

☐ YES ☐ NO

12. UGMS requires that any staff paid from State grant funds, such as SAPTA, to keep a record of time and attendance.

A. For staff funded 100% by the SAPTA grant, each staff person only needs to certify their time monthly. Both the employee and the employee's supervisor must sign the monthly certification of time worked.

B. For staff who split their time between the SAPTA grant and other funding sources, they will

need to keep a time record or personnel activity reports, or equivalent documentation must meet the following standards:

1) They must reflect an after-the-fact distribution of the actual activity of each employee.
2) They must account for the total activity, for which each employee is compensated.
3) They must be prepared at least monthly and must coincide with one or more pay periods; and
4) They must be signed by the employee and the supervisory official having first-hand knowledge of the work performed by the employee.

13. Does your organization maintain time allocated personnel activity reports that meet the above criteria?

☐ YES ☐ NO

14. Does your organization maintain personnel activity reports or equivalent documentation that meet the above criteria?

☐ YES ☐ NO

15. Are payroll checks prepared after receipt of approved time/attendance records and are payroll checks based on those time/attendance records?

☐ YES ☐ NO

16. Are procedures in place to determine the allowability, allocability, and reasonableness of costs?

☐ YES ☐ NO

The Organizational Financial Information and Internal Controls Questionnaire must be signed by an authorized person who has completed the form or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Signature:_________________________________ Date: Click here to enter a date.

Printed Name: Click here to enter text.
Title: Click here to enter text.

Appendix G: UNR/CASAT Risk Assessment

University of Nevada Subrecipient Proposal Assurance and Risk Assessment Form

Proposal/Project Title:

UNR Principal Investigator: Michelle Berry **Prime Sponsor: DPBH/SAMHSA**

Subrecipient Legal Name: Subrecipient DUNS:

Subrecipient EIN: Email Address:

Subrecipient Principal Investigator/Project Manager:

Subrecipient Certifications

Annual Audit Type: ☐ **A-133** ☐ **INDEPENDENT THIRD PARTY** ☐ **NONE**

Please check the appropriate option according to your organization/company's audit status:

☐ **A. External Independent audits of my organization were completed Fiscal Year 20 ____ from to 20____.**
A true and complete and correct copy of the audit report is attached or available at the following website and hereby provided to the University of Nevada, Reno.
Audit Website URL:

☐ **B. My organization has not been audited by a U.S. Government audit agency or by an independent CPA firm for the most recently completed Fiscal Year 2019 to 2020.**
I certify that I will provide a copy of my organization/company's most recent IRS tax filing or income statement and complete additional financial information upon request.

If your organization/company is not subject to either OMB Uniform Guidance (2 CFR Part 200) please select all the reasons that apply:

☐ **1. Our agency is for profit.**

☐ **2. Our organization expended less than $750,000 (under the Uniform Guidance) in Federal Awards, as applicable, its most recent audited fiscal year.**

☐ **3. Our organization is foreign (not formed under U.S. laws), or another exception applies (explain below):**

Up to date System for Award Management Registration (SAM): Yes ☐ NO ☐

Facilities and Administrative Rates included in this proposal have been calculated based on the following:

☐ **The subrecipient federally negotiated F&A rates for this type of work. Attach approved rate agreement or provide URL here:**

☐ **De Minimum rate of 10% modified direct costs.**

☐ **Not applicable. No F&A requested for this project.**

Appendix H: Subrecipient Agreement

Attachment 3B
Research Subaward Agreement
Subrecipient Contacts

Subaward Number:

Subrecipient Information for FFATA reporting
Entity's DUNS Name:

EIN No.:

Institution Type:
Currently registered in SAM.gov: Yes No

DUNS:

Exempt from reporting executive compensation: Yes No *(If no, complete 3Bpg2)*

Parent DUNS:

This section for U.S. Entities: Zip Code Look-up
Congressional District: Zip Code+4:

Place of Performance Address

Subrecipient Contacts

Central Email:
Website:

Principal Investigator Name:

Email: Telephone Number:

Administrative Contact Name:

Email: Telephone Number:

Financial Contact Name:

Email: Telephone Number:

Invoice Email:

Authorized Official Name:

Email: Telephone Number:

Legal Address:

Administrative Address:

Payment Address:

FDP 3B.1 SEPT 2017

Appendix I: Acronyms and Definitions

Acronym	Definition
Agreement	As used in the context of care coordination, an agreement is an arrangement between the applicant organization and external entities with which care is coordinated. Such an agreement is evidenced by a contract, Memorandum of Agreement (MOA), or Memorandum of Understanding (MOU) with the other entity, or by a letter of support, letter of agreement, or letter of commitment from the other entity. The agreement describes the parties' mutual expectations and responsibilities related to care coordination.
AOR	Authorized Organization Representative - An AOR submits a grant on behalf of a company, organization, institution, or government. Only an AOR has the authority to sign and submit grant applications.
Applicant	Organization/individual submitting an application in response to this NOFO.
Application Package	A group of specific forms and documents for a specific funding opportunity which are used to apply for a grant. Mandatory forms are the forms that are required for the application. Please note that a mandatory form must be completed before the system will allow the applicant to submit the application package. Optional forms are the forms that can be used to provide additional support for an application, but are not required to complete the application package.
ASAM	American Society of Addiction Medicine, 3rd Edition
Assumption	An idea or belief that something will happen or occur without proof. An idea or belief taken for granted without proof of occurrence.
Award	An award between the DPBH and an outside agency or sub-awardee to perform tasks identified in the RFA.
Awarded Applicant	The organization/individual that is awarded and has an approved contract with the State of Nevada for the services identified in this RFA.
BBHWP	Bureau of Behavioral Health, Wellness and Prevention
Behavioral health	Behavioral health is a general term "used to refer to both mental health and substance use" (SAMHSA-HRSA [2015]).
BOE	State of Nevada Board of Examiners
Care Coordination	The deliberate coordination of patient care activities between two agencies involved in a patient's care to facilitate the appropriate delivery of services identified on the treatment or care management plan. The Agency for Healthcare Research and Quality (2014) defines care coordination as "deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer's care to achieve safer and more effective care. This means the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."
CCBHC	CCBHCs refer to Certified Community Behavioral Health Centers as certified by states in accordance with these criteria and with the requirements of the Protecting Access to Medicaid Act (PAMA). A CCBHC may offer services in different locations. For multi-site organizations, however, only clinics eligible pursuant to these criteria and PAMA may be certified as CCBHCs.
CDC	Centers for Disease Control and Prevention
Certification	Division Certification through SAPTA
CLIA	The Clinical Laboratory Improvement Amendments
Confidential Information	Any information relating to the amount or source of any income, profits, losses or expenditures of a person, including data relating to cost or price submitted in support of a bid, proposal, or RFA. The term does not include the amount of a bid, proposal, or RFA.

Consumer	Within this document, the term "consumer" refers to clients, persons being treated for or in recovery from mental and/or substance use disorders, persons with lived experience, service recipients and patients, all used interchangeably to refer to persons of all ages (i.e., children, adolescents, transition aged youth, adults, and geriatric populations) for whom health care services, including behavioral health services are provided. Use of the term "patient" is restricted to areas where the statutory or other language is being quoted. Elsewhere, the word "consumer" is used.
Contract Approval Date	The date the State of Nevada Board of Examiners officially approves and accepts all contract language, terms and conditions as negotiated between the State and the successful applicant.
Contract Award Date	The date when applicants are notified that a contract has been successfully negotiated, executed and is awaiting approval of the Board of Examiners.
Contractor	The company or organization that has an approved contract with the State of Nevada for services identified in this RFA. The contractor has full responsibility for coordinating and controlling all aspects of the contract, including support to be provided by any subcontractor(s). The contractor will be the sole point of contact with the State relative to contract performance.
Cooperative Agreement	An award of financial assistance that is used to enter into the same kind of relationship as a grant and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the recipient in carrying out the activity contemplated by the award.
Cross Reference	A reference from one document/section to another document/section containing related material.
Cost Share/Match	The portion of a project or program costs not borne by the Federal government.
Cultural and linguistic competence	Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse consumers (Office of Minority Health [2014]).
DPBH	Division of Public and Behavioral Health, a Division under the Nevada Department of Health and Human Services
Disallowed Costs	Charges to an award that the awarding agency determines to be unallowable, in accordance with the applicable Federal cost principles or other terms and conditions contained in the award.
Discretionary Grant	A grant (or cooperative agreement) for which the Federal awarding agency generally may select the recipient from among all eligible recipients, may decide to make or not make an award based on the programmatic, technical, or scientific content of an application, and can decide the amount of funding to be awarded.
Desirable	The terms "may, "can", "should", "preferably", or "prefers" identify a desirable or discretionary item or factor.
Division/Agency	The Division/Agency requesting services as identified in this RFA.
DUNS	Dun and Bradstreet Number.
Engagement	Engagement includes a set of activities connecting consumers with needed services. This involves the process of making sure consumers and families are informed about and initiate access with available services and, once services are offered or received, individuals and families make active decisions to continue receipt of the services provided. Activities such as outreach and education can serve the objective of engagement. Conditions such as accessibility, provider responsiveness, availability of culturally and linguistically competent care, and the provision of quality care, also promote consumer engagement.
Equipment	Tangible, nonexpendable personal property, including exempt property, charged directly to the award and having a useful life of more than one (1) year and an acquisition cost of $5,000 or more per unit. However, consistent with recipient policy, lower limits may be established.

Evaluation Committee	Means a body appointed to conduct the evaluation of the applications, typically an independent committee comprised of a majority of State officers or employees established to evaluate and score applications submitted in response to the RFA.
Exception	A formal objection taken to any statement/requirement identified within the RFA.
Family	Families of both adult and child consumers are important components of treatment planning, treatment and recovery. Families come in different forms and, to the extent possible, applicant organizations should respect the individual consumer's view of what constitutes their family. Families can be organized in a wide variety of configurations regardless of social or economic status. Families can include biological parents and their partners, adoptive parents and their partners, foster parents and their partners, grandparents and their partners, siblings and their partners, care givers, friends, and others as defined by the family.
Family-centered	The Health Resources and Services Administration defines family-centered care, sometimes referred to as "family-focused care," as "an approach to the planning, delivery, and evaluation of health care whose cornerstone is active participation between families and professionals. Family-centered care recognizes families are the ultimate decision-makers for their children, with children gradually taking on more and more of this decision-making themselves. When care is family-centered, services not only meet the physical, emotional, developmental, and social needs of children, but also support the family's relationship with the child's health care providers and recognize the family's customs and values" (Health Resources and Services Administration [2004]). More recently, this concept was broadened to explicitly recognize family-centered services are both developmentally appropriate and youth guided (American Academy of Child & Adolescent Psychiatry [2009]). Family-centered care is *family-driven* and *youth-driven*.
Federal Register	A daily journal of the U.S. Government containing notices, proposed rules, final rules, and presidential documents.
Formal Care Coordination Agreement	A formal, written agreement between an integrated opioid treatment and recovery center (IOTRC) and partner agency specifying the services to be provided for clients through a coordinated effort.
Grant	An award of financial assistance, the principal purpose of which is to transfer a thing of value from a Federal agency to a recipient to carry out a public purpose of support or stimulation authorized by a law of the United States [see 31 U.S.C. 6101(3)]. A grant is distinguished from a contract, which is used to acquire property or services for the Federal government's direct benefit or use.
Grants.gov	A storefront web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site.
FQHC	Federally Qualified Health Center
HCQC	Bureau of Health Care Quality and Compliance
Hub and Spoke System	Hub and Spoke system means a model comprised of opioid treatment programs (OTPs) that serve as the hubs and are contracted with prescribers who prescribe buprenorphine in office-based settings who serve as the spokes.
IFC	Interim Finance Committee.
IMOUD	Initiation of Medication for Opioid Use Disorder
Key Personnel	Applicant staff responsible for oversight of work during the life of the project and for deliverables.
LCB	Legislative Counsel Bureau.
LOI	Letter of Intent - notification of the State's intent to award a contract to an applicant, pending successful negotiations; all information remains confidential until the issuance of the formal notice of award.

Limited English Proficiency (LEP)	LEP includes individuals who do not speak English as their primary language or who have a limited ability to read, write, speak, or understand English and who may be eligible to receive language assistance with respect to the particular service, benefit, or encounter.
Mandatory	The terms “must”, “shall”, “will”, and “required” identify a mandatory item or factor. Failure to meet a mandatory item or factor will result in the rejection of an application.
MOUD	Medication for Opioid Use Disorder (MOUD) means a combination of medications utilized to treat an opioid use disorder (OUD) in conjunction with counseling services.
May	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
Minor Technical Irregularities	Anything in the application that does not affect the price, quality, and quantity or any mandatory requirement.
MMOUD	Maintenance of Medication for Opioid Use Disorder
Medical Evaluation	A comprehensive assessment, conducted by Nevada licensed medical professional, of a patient’s overall medical history and current condition for the purpose of identifying health problems and planning treatment.
Must	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.
NAC	Nevada Administrative Code –All applicable NAC documentation may be reviewed via the internet at: **www.leg.state.nv.us.**
NOA	Notice of Award – Formal notification of the State’s decision to award a contract, pending Board of Examiners’ approval of said contract, any non-confidential information becomes available upon written request.
NRS	Nevada Revised Statutes – All applicable NRS documentation may be reviewed via the internet at: **www.leg.state.nv.us**.
OBOT	Office Based Opioid Treatment
OMB	Office of Management and Budget.
OSPA	Office of Sponsored Projects and Awards with the University of Nevada, Reno
OTP	Opioid Treatment Program
OUD	Opioid Use Disorder
PAMA	Protecting Access to Medicaid Act
RFA	Request for Application
Pacific Standard Time (PST)	Unless otherwise stated, all references to time in this RFA and any subsequent contract are understood to be Pacific Time.
SAMHSA	Substance Abuse and Mental Health Services Administration
Peer Support Services	Peer support services are services designed and delivered by individuals who have experienced a mental or substance use disorder and are in recovery. This also includes services designed and delivered by family members of those in recovery. Peer Recovery Support Service includes any service designed to initiate, support and enhance recovery.
Peer Support Specialist	A peer provider (e.g., peer support specialist, recovery coach) is a person who uses their lived experience of recovery from mental or substance use disorders or as a family member of such a person, plus skills learned in formal training, to deliver services in behavioral health settings to promote recovery and resiliency. In states where Peer Support Services are covered through the state Medicaid Plans, the title of “certified peer specialist” often is used. SAMHSA recognizes that states use different terminology for these providers.
Person-centered care	Person-centered care is aligned with the requirements of Section 2402(a) of the Patient Protection and Affordable Care Act, as implemented by the Department of

	Health & Human Services Guidance to HHS Agencies for Implementing Principles of Section 2403(a) of the Affordable Care Act: Standards for Person-Centered Planning and Self-Direction in Home and Community-Based Services Programs (Department of Health & Human Services [June 6, 2014]). That guidance defines "person-centered planning" as a process directed by the person with service needs which identifies recovery goals, objectives and strategies. If the consumer wishes, this process may include a representative whom the person has freely chosen, or who is otherwise authorized to make personal or health decisions for the person. Person-centered planning also includes family members, legal guardians, friends, caregivers, and others whom the person wishes to include. Person-centered planning involves the consumer to the maximum extent possible. Person-centered planning also involves self- direction, which means the consumer has control over selecting and using services and supports, including control over the amount, duration, and scope of services and supports, as well as choice of providers (Department of Health & Human Services [June 6, 2014]).
Practitioner or Provider	Any individual (practitioner) or entity (provider) engaged in the delivery of health care services and who is legally authorized to do so by the state in which the individual or entity delivers the services (42 CFR § 400.203).
Prescriber	An FDA Waiver approved prescriber for FDA approved medications for the treatment of OUDs.
Project Costs	All allowable costs, as set forth in the applicable Federal cost principles (see Sec. 74.27), incurred by a recipient and the value of the contributions made by third parties in accomplishing the objectives of the award during the project period.
Project Period	The period established in the award document during which awarding agency sponsorship begins and ends.
Proprietary Information	Any trade secret or confidential business information that is contained in a bid, proposal, or RFA submitted on a particular contract.
Public Record	All books and public records of a governmental entity, the contents of which are not otherwise declared by law to be confidential, must be open to inspection by any person and may be fully copied or an abstract or memorandum may be prepared from those public books and public records.
Recovery	Recovery is defined as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." The 10 guiding principles of recovery are: hope; person-driven; many pathways; holistic; peer support; relational; culture; addresses trauma; strengths/responsibility; and respect. Recovery includes: Health ("making informed healthy choices that support physical and emotional wellbeing"); Home (safe, stable housing); Purpose ("meaningful daily activities … and the independence, income and resources to participate in society"); and Community ("relationships and social networks that provide support, friendship, love, and hope") (Substance Abuse and Mental Health Services Administration [2012]).
Recovery-oriented care	Recovery-oriented care is oriented toward promoting and sustaining a person's recovery from a behavioral health condition. Care providers identify and build upon each individual's assets, strengths, and areas of health and competence to support the person in managing their condition while regaining a meaningful, constructive sense of membership in the broader community (Substance Abuse and Mental Health Services Administration [2015]).
Redacted	The process of removing confidential or proprietary information from a document prior to release of information to others.
SAM	State Administrative Manual. This document outlines the management of all Federal grant awards and provides guidance on sub-awards and sub-recipients.
SAPTA	Substance Abuse Prevention & Treatment Agency
Shall	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.

Shared Decision-Making (SDM)	SDM is an approach to care through which providers and consumers of health care come together as collaborators in determining the course of care. Key characteristics include having the health care provider, consumer, and sometimes family members and friends taking steps in sharing a treatment decision, sharing information about treatment options, and arriving at consensus regarding preferred treatment options (Schauer, Everett, delVecchio, & Anderson [2007]).
Should	Indicates something that is recommended but not mandatory. If the applicant fails to provide recommended information, the State may, at its sole option, ask the applicant to provide the information or evaluate the RFA without the information.
Standard Form 424	Standard government-wide grant application forms including: SF-424 (Application for Federal Assistance cover page); SF-424A (Budget Information Non-construction Programs); SF-424B (Assurances Non-construction Programs; SF-424C (Budget Information Construction Programs); and SF-424D (Assurances Construction Programs), plus named attachments including Project Narrative and Budget Narrative.
State	The State of Nevada and any agency identified herein.
Subcontractor	A third party, not directly employed by the contractor, who will provide services identified in this RFA. This does not include third parties who provide support or incidental services to the contractor.
Sub-recipient	The legal entity to which a sub-award is made, and which is accountable to the recipient for the use of the funds provided.
SUD	Substance Use Disorder
Supplant	Federal funds must be used to supplement existing funds for program activities and must not replace those funds that have been appropriated for the same purpose. Supplanting will be the subject of application review, as well as pre-award review, post-award monitoring, and audit. A written certification may be requested by the awarding agency stating that Federal funds will not be used to supplant State or local funds.
Trade Secret	Information, including, without limitation, a formula, pattern, compilation, program, device, method, technique, product, system, process, design, prototype, procedure, computer programming instruction or code that: derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other person who can obtain commercial or economic value from its disclosure or use; and is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.
Trauma-informed	**Trauma-informed:** A trauma-informed approach to care "*realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved in the system; and *responds* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively *resist re-traumatization.*" The six key principles of a trauma-informed approach include: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues (Substance Abuse and Mental Health Services Administration [2014]).
User	Department, Division, Agency or County of the State of Nevada.
Wellness Promotion	The promotion of healthy ideas and concepts to motivate individuals to adopt healthy behaviors.
Will	Indicates a mandatory requirement. Failure to meet a mandatory requirement may result in the rejection of an RFA as non-responsive.