HD#: _____
Subgrant #: _____
Budget Account #: _____
Category #: _____
GL #: _____

Nevada Department of Health and Human Services
Division of Public and Behavioral Health
(hereinafter referred to as the DIVISION)

Substance Abuse Prevention and Treatment Agency

NOTICE OF SUBGRANT AWARD
TREATMENT SERVICES

Agency: Substance Abuse Prevention and Treatment Agency (SAPTA) DUNS: 02-158-8830	**Subgrantee Name:**
Address: 4126 Technology Way, 2nd Floor Carson City, NV 89706	**Address:**
Subgrant Period:	**Subgrantee EIN#:** **Subgrantee DUNS#:** **Subgrantee Vendor#:**

Reason for Award: To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.

County(ies) to be served: Washoe

Approved Budget Categories:

1. Personnel **$**
2. Contractual/Consultant **$**
3. Travel **$**
4. Training **$**
5. Operating **$**
6. Other **$** _____

Total Cost $

Disbursement of funds will be as follows:
Payment will be made upon receipt and acceptance of an invoice and supporting documentation specifically requesting reimbursement for actual expenditures *specific to this subgrant*. Total reimbursement will not exceed $124,329 during the subgrant period.

Source of Funds:	Amount:	CFDA#:	Federal Grant #:	Job #
1. SAPT Block Grant – HIV Services				
2. SAPT Block Grant – TB Services				

Terms and Conditions
In accepting these grant funds, it is understood that:
1. Expenditures must comply with appropriate state and/or federal regulations.
2. This award is subject to the availability of appropriate funds.
3. Recipient of these funds agrees to stipulations listed in Sections A-C, and Attachments A-C of this subgrant award.

Authorized Subgrantee Official	Print Name, Title	Signature	Date
Deborah McBride, MBA Agency Director			
Richard Whitley, MS Administrator, Division of Public and Behavioral Health			

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Substance Abuse Prevention and Treatment Agency, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for any other purpose than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the subgrantee or must be refunded to the Division.

2. Subgrante acknowledges that this contract and the continuation of this contract is contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. If funds become unavailable SAPTA may restrict, reduce, or terminate funding under this award. Notice of any restriction or reduction will include instructions and detailed information on how SAPTA will fund the services and/or goods to be procured with the restricted or reduced funds.

   Subgrantee 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. SAPTA may reallocate funds across service levels and/or treatment programs to ensure that gaps in service are addressed. If the scope of work is not being met, Subgrantees 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 SAPTA staff. The Subgrantee will have 60 days to improve the scope of work and carry out the approved action plan. If performance has not improved SAPTA will provide a written notice identifying the reduction of funds and the necessary steps.

3. Subgrantee agrees to a unit cost reimbursement.

4. Subgrantee agrees to screen all clients to determine third party payer eligibility and not bill SAPTA for services eligible for reimbursement from third party payors. Third party payers include, but are not limited to, commercial health or liability insurance carriers, Medicaid, or other federal, state, local, and private funding sources. Subgrantee shall (a) enroll as a provider in Medicaid if providing approved services authorized under this subgrant that may be covered by Medicaid, and bill Medicaid for those covered services; (b) provide assistance to individuals to enroll in such programs when the screening process indicates possible eligibility for such programs; (c) not bill SAPTA for any services eligible for third party reimbursement until all appeals to third party payors have been exhausted; (d) bill all third party payors for services provided under this subgrant before submitting any request for reimbursement to SAPTA; and (f) provide third party billing functions at no cost to the client.

5. Unless specified by SAPTA, any changes to the approved subgrant that will result in an amendment must be received 60 days prior to the end of the subgrant period (no later than April 30). Amendment requests received after the 60 day deadline will be denied.

6. Subgrantee acknowledges that requests to revise the approved subgrant must be made *in writing* using the appropriate forms and provide sufficient narrative detail to determine justification. Moving funds from one level of service to cover another level of service will not be considered a justifiable event allowing the moving of funds.

   All Change Requests and/or Amendments must include:
   a. Printed & Signed copy of the Scope of Work Summary (two pages)
   b. Printed copy of the Site Location Detail tabs for each location included in the Change Request and/or Amendment
   c. Subgrantee may ONLY amend funding (up to 10%) between the Levels of Service within the SAME funding Category

Because the reimbursable cost per unit varies from one Level of Service to another, when funding is moved from one Level of Service to another, it may cause the total funding amount to increase or decrease. The following applies in this situation:

a. Change Request or Amendment that increases the total funding is not allowed
b. If a Subgrantee chooses to amend funding between one Level of Service to another and it causes the total overall funding to decrease, the balance will not be added back in to the total funding to balance with the original award; instead the total Subgrant amount will be reduced and these funds could be awarded to another Tx provider

7. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
   a. Records may be destroyed by the subgrantee six (6) calendar years after the final financial and narrative reports have been submitted to the Division.
   b. In all cases an overriding requirement exists to retain records until notified in writing of resolution of any audit questions relating to individual subgrants.

   Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

8. Subgrantee agrees to disclose any existing or potential conflicts of interest, as outlined in the SAPTA Conflict of Interest Policy Statement, relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.

9. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, gender, religion, age, sexual preference, disability or handicap condition (including AIDS and AIDS-related conditions).

10. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.

11. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Division, as required by 45 C.F.R 164.504 (e).

12. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.

13. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
    a. any federal, state, county or local agency, legislature, commission, counsel, or Board;
    b. any federal, state, county or local legislator, commission member, council member, Board member, or other elected official; or
    c. any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or Board.

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

15. Audits of Subgrantee expenditures will meet Generally Accepted Government Auditing Standards (GAGAS) to determine proper accounting for and use of subgrant funds. Any grantee annually expending $500,000 or more in federal funds require an A-133 Audit (Office of Management and Budget (OMB) Circular A-133) prepared by an independent auditor in accordance with Federal terms and requirements. Subgrantees below the OMB A-133 threshold require a Limited Scope Audit on Agreed-Upon Procedures conducted by an independent, licensed Certified Public Accountant, using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards. The Limited Scope Audit on Agreed-Upon Procedures must contain the minimum requirements in Appendix G10 of the SAPTA Administrative Manual. Subgrantee will:
    1) Provide a letter of engagement within three (3) months of the close of their fiscal year;
    1) Provide an original, signed final audit report within nine (9) months of the close of their fiscal year;
    2) Provide any management letters within ten (10) days of receipt;
    3) Provide a corrective action plan resulting from audit findings or management letter or within forty-five (45) days of receipt of the final audit or management letter;
    4) Provide a copy of the Board minutes showing review and acceptance of the audit report;
    5) Items required above (14.1-.5) must be sent to the Substance Abuse Prevention and Treatment Agency, Attn: Grants and Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV 89706.

16. Subgrantee shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. Subgrantee shall provide proof of worker's compensation insurance as required by Nevada Revised Statutes Chapters 616A through 616D inclusive. Commercial general 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 contractors, 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). The Substance Abuse Prevention and Treatment Agency shall be named as the Certificate Holder on the Certificate of Liability Insurance.

17. Indemnification: To the fullest extent permitted by law Subgrantee 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 Subgrantee, its officers, employees and agents.

18. State licensure/certification from the state Health Division, Bureau of Health Care Quality and Compliance: Programs funded by SAPTA are required to be in compliance with all state licensure and/or certification requirements. Currently, the Bureau of Health Care Quality and Compliance (HCQC) has authority in regards to residential substance abuse services including social model and modified medical detoxification, opioid maintenance therapy, and medical laboratories. Programs are responsible for compliance with HCQC's requirements. SAPTA will confirm all information provided by subgrantees with HCQC staff. A copy of the current license should be submitted to SAPTA.

19. Subgrantee will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement.

20. Subgrantees will report within 24 hours the occurrence of an incident, following SAPTA 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. [NAC 458.153 3(e)].

21. Subgrantees shall adhere to the requirements of the Federal Funding Accountability and Transparency Act, including an active Dun and Bradstreet Universal Number System (DUNS) number and current registration with the Central Contractor Registry (CCR).

22. Subgrantee will:
    1) Be a "tobacco, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
    2) Have documentation on file verifying Nevada Repository and FBI background checks were conducted on all staff, volunteers, and consultants occupying clinical and supportive roles, if subgrantee serves minors with funds awarded through this subgrant;
    3) Adopt and maintain a system of internal controls consistent with Generally Accepted Accounting (GAAP) principles that results in the fiscal integrity and stability of the organization;
    4) Comply with all applicable rules, regulations, requirements, guidelines, and policies and procedures to include, but not limited to:
        a. 45 CFR Part 74,
        b. OMB Circular A-133,
        c. All applicable funding source requirements,
        d. All other federal rules related to federal funding,
        e. Chapter 458 of the Nevada Revised Statutes,
        f. Chapter 458 of the Nevada Administrative Code,
        g. Substance Abuse Prevention and Treatment Agency policies and procedures,
        h. All other applicable state regulations and policies, and
        i. All terms listed within this award.

23. Certification must be current and fees paid prior to release of certificate in order to receive funding from the Division.

24. Failure to meet any condition listed within the subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION B
Treatment Services Additional Assurances

Subgrantees providing **Treatment services** also agree to:

1) ADMISSION PRIORITY: Treatment admission prioritization for all programs receiving Substance Abuse Prevention and Treatment Block Grant (SAPTBG) funds, except for Civil Protective Custody Services, must be conducted in the following order:
   a. Pregnant injection drug users
   b. Pregnant substance abusers
   c. Non-pregnant injection drug users
   d. All others

   Subgrantee shall establish screening procedures to identify members of priority populations and admit them before all others, in priority order. When space is not available in the Subgrantee's service area, Subgrantee shall guarantee successful and timely referral to another suitable SAPTA-funded contractor (immediately for pregnant women or within 120 days for injecting substance users), and document in the SAPTA designated electronic record the time and date of the referral and the provider that will deliver the treatment. Subgrantee shall accept applicants from every region in the state when space is available. If two applicants are of equal priority status, preference may be given to an applicant living in Subgrantee's Program Service Area. Each Subgrantee shall include a statement in all its brochures, and shall post a notice in its lobby, concerning the priority population admission requirements. In addition**,** Subgrantees must train all appropriate clinical and administrative staff on admission priority and how to refer or set up the appropriate interim services.

a. TUBERCULOSIS SERVICES: On a routine basis, providers must make arrangements to have tuberculosis services available. Services are provided for SAPTA funded programs through arrangements with Southern Nevada Health District, H.O.P.E.S., Carson City Health District or the Frontier and Rural Public Health. Subgrantees not utilizing the aforementioned services must explain why they are not utilizing these providers, if they are currently funded. New subgrantees must utilize these providers. Services to each individual receiving treatment for substance abuse must include:
   a. Counseling the individual with respect to tuberculosis.
   b. Testing to determine if the individual has been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for the individual.
   c. Providing for or referring the individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.
   d. Programs will refer clients to a provider of TB services when such individuals are in need of substance abuse treatment and are denied admission to the program on the basis of lack of capacity.
   e. Programs must implement protocols developed by SAPTA and the Nevada State Health Division, TB Control Officer to prevent the transmission of tuberculosis. Such protocols will address the following:
      1) Screening clients.
      2) Identification of those individuals who are at high risk of becoming infected.
      3) Meeting all state reporting requirements while adhering to federal and state confidentiality requirements including 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996, 45 CFR 160, 162 and 164, as amended.
      4) Case management activities to ensure that individuals receive needed services.
      5) Programs will report all individuals with active TB to the state TB Control Officer as required by state law and in accordance with federal and state confidentiality requirements (including 42 CFR Part 2).

b. HIV/AIDS EARLY INTERVENTION SERVICES: Programs must make HIV early intervention services available at the sites where individuals are undergoing substance abuse treatment. Programs cannot place barriers to such services being provided on site. Such services must be undertaken voluntarily by, and with the informed consent, of the individual and undergoing such services will not be required as a condition of receiving services for substance abuse. Required services include:

a. Appropriate pretest counseling for HIV and AIDS.
b. Testing individuals for HIV and AIDS, including tests to confirm the presence of the disease, testing to diagnose the extent of the deficiency in the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.
c. Appropriate post-test counseling.

c. TREATMENT CAPACITY, WAITLIST, AND INTERIM SERVICES: When 90% capacity has been reached in any service level by a funded program, a 90% Capacity Report by service level must be submitted in the SAPTA designated electronic record for the reporting week. Programs currently funded by SAPTA must describe in detail how the information will be gathered and agree to conform to the following SAPTA's reporting requirements:

d. For all individuals who cannot be immediately admitted to treatment services due to lack of capacity, the Subgrantee upon determining the appropriate level of care, shall make a waiting list entry in the SAPTA designated electronic record using unique client identifiers, comprised of persons who meet criteria for treatment and the Federal Uniform Waiting List Requirements and SAPTA waiting list protocols. Only persons available to accept treatment are maintained on the waiting list.
e. Maintain weekly contact with persons on the waiting list and document such contact in the appropriate area in the SAPTA designated electronic record. Programs currently funded by SAPTA must agree to track and document any required interim services that have been provided to a client in the SAPTA designated electronic record.
f. Provide injection drug abuse clients either comprehensive treatment or interim services within 48 hours of the request for substance abuse services. Interim services can be for no longer than 120 days from the request for services and must include referrals for testing for or treatment of HIV or tuberculosis.
g. Remove from the waiting list an individual who has requested treatment, is in need of treatment, and is awaiting treatment and not provide treatment within 14 or 120 days (whichever is applicable), for intravenous drug abuse, only in those circumstances when they meet one of the two following conditions:
   1) Such a person cannot be located for admission into treatment.
   2) The person refuses treatment when contacted that space is available.
h. Develop and implement a written policy on waiting list management that defines why and how individuals are removed from the waiting list for any purpose other than admission to treatment.
i. Counseling and education about HIV and TB, the risks of needle sharing, the risks of transmission to sexual partners and infants and the steps that can be taken to ensure that HIV transmission does not occur.
j. Offer Interim methadone maintenance permitted by the regulations.
k. All providers, except those that do not treat women, will make available services to pregnant women, publicize the availability of these services and the admission priority granted to pregnant women, public service announcements. Programs that do not treat women must provide the appropriate referral within 48 hours of the request for services.
l. Programs must establish community linkages with a comprehensive resource network of related health and social services organizations to ensure a wide-based knowledge of the availability of these services and to facilitate referrals. Programs will coordinate alcohol and other drug prevention or treatment activities with the provision of other services such as health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.
m. Provide pregnant women either comprehensive treatment services or interim services within 48 hours of the request for services. Interim services must include counseling on the effects of alcohol and drug use on the fetus and referrals for prenatal care.
n. To ensure SAPATA is notified when pregnant women seeking services cannot be admitted, Subgrantee must provide and implement policy and procedures in the event a treatment facility has insufficient capacity to provide treatment services to any such pregnant women who seek services from that facility.
o. Providers will use SAPTA funds, including the SAPT Block Grant funds as the "payor of last resort" for all services; therefore, programs should make every reasonable effort including the establishment of systems for eligibility determination, billing, and collection.

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

q. Programs will make continuing education in alcohol and other drug treatment available to all employees who provide services.

d. SLIDING FEE SCALE: All programs are expected to use the SAPTA Sliding Fee Scale. Established requirements include the following:

a. Policy documents that no person will be denied services due to ability to pay.
b. Based on family size of those residing in the household.
c. Based on family income level at time of admission.
d. Based on the federal poverty level. Please refer to the FPL spreadsheet at the following website: http://aspe.hhs.gov/poverty/
e. Income verification by written documentation.
f. Must have a policy/procedure in place for "no documentation available" and/or other exceptions.
g. Collects reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any state compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program.
   The SAPTA sliding fee scale shall not be used on clients whose services are billed and paid by Medicaid or other third party payer sources.
h. Appropriate documentation of sliding fee scale availability policy is posted in the intake area and available in written form for all clients/citizens requesting it. The policy is available for anyone asking for a copy, and must be consistently applied to all clients seeking care.
i. SAPTA must be identified as payor of last resort.
j. Reimbursable services are defined in the division criteria and the SAPTA unit descriptions (Appendix C-1 and C-5 of the SAPTA Administration Manual).

e. DIVISION CRITERIA LEVELS OF SERVICE: Subgrantees must implement and provide services according to the Division Criteria and the Units Service Description (Appendix C-1 and C-5 of the SAPTA Administration Manual).
EVIDENCE BASED PRACTICE: Subgrantees are required to implement the National Institute of Drug Abuse's (NIDA's) 13 principles of treatment. Subgrantees are required to implement an evidenced based practice identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is listed in the National Registry of Evidence-Based Programs and Practices (NREPP).

Please remember that NAC 458 requires certification for each funded level of service provided.

f. RESTRICTIONS ON EXPENDITURE OF FUNDS: Subgrantees will NOT expend SAPTA funds, including Federal Substance Abuse Prevention and Treatment Block Grant Funds for any of the following purposes:

a. To provide in-patient hospital substance abuse services.
b. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
c. To make purchases, including equipment, over $1,000.
d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
e. To provide financial assistance to any entity other than a public or nonprofit private entity.
f. To make payments to intended recipients of health services.
g. 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 demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
h. To provide treatment services in penal or correctional institutions of the state.
i. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.

SET ASIDE FOR PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN: Subgrantees funded by monies set aside for treatment of pregnant women and women with dependent children from the SAPT Block Grant or State General Funds must specify the manner in which they will comply with federal requirements specific to receipt of this funding. Funding Requirements/Restrictions include:

a. Use the federal funds as the "payor of last resort" for the services noted below to make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection to:
   1) Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under Title XVIII and Title XIX, any state compensation program, any other public assistance program for medical assistance, any grant program, any private health insurance, or any other benefit program.
   2) Secure from clients payment for services in accordance with their ability to pay.
b. Admission to the program and continuation of services must be limited to pregnant women and women with dependent children. Women with dependent children seeking reunification with their children are eligible for admission.
c. Provide or arrange for gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, and parenting and childcare while women are receiving treatment.
d. Provide therapeutic interventions for children in custody of women in treatment that may address their developmental needs and any issues of neglect, physical abuse, or any issues of sexual abuse.
e. Provide substance abuse treatment in a manner which treats the family as a unit and which admits both women and women with dependent children into treatment when appropriate.
f. Provide or arrange for sufficient case management and transportation services to ensure that pregnant women, and women and their children have access either directly or through formal referral to other governmental agencies or private not-for-profit organizations for the following services:
   1) Primary medical care for women, including prenatal care.
   2) Primary pediatric care for dependent children, including immunization.
   3) Childcare to the extent necessary to allow women with dependent children to utilize primary medical care and to utilize treatment for abuse of alcohol and other drugs.
   4) Transportation to the extent necessary to allow pregnant women and women with dependent children to utilize primary medical care and to utilize treatment for abuse of alcohol and other drugs.
g. Provide sufficient management of the cases of pregnant women or women with dependent children to ensure that the foregoing services are provided according to the assessed needs of the client:
   1) Care coordination to assist in establishing eligibility for public assistance programs provided by federal, state, or local governments.
   2) Employment and training programs.
   3) Education and special education programs.
   4) Drug-free housing for women and their children.
   5) Prenatal care and other health care services.
   6) Therapeutic daycare for children.
   7) Head Start.
   8) Other early childhood programs.
h. Participate in reporting all required data and information through NHIPPS and to the evaluation team as required;
i. If chosen to be reviewed, participate in the Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (AADAPTS) annual peer review process. Refusal to participate in the peer review process could result in the suspension or termination of funding;
j. Use SAPTA funding as the funding source of last resort, when applicable, and not to exclude clients from treatment because of an ability to prepay any portion of the treatment process;
k. Post a notice that no persons may be denied services due to ability to pay where clients, visitors, and persons requesting services may easily view it. This notice may stipulate that the organization is authorized to deny services to those who are able to pay but refuse to do so;
l. Allow employees 5 days per year to attend training courses and receive continuing education credits. Training must be relevant to the population served; and

m. Fully cooperate with all SAPTA sponsored studies including, but not limited to, utilization management audits, program compliance monitoring, reporting audits, complaint investigations, and evaluation studies.

n. As applicable, providers identifying as Faith-Based Organizations must comply with 42 USC § 300x-65 and 42 CFR part 54 (42 CFR §§ 54.8(c) (4) and 54.8(b)), Charitable Choice provisions and regulations. If subgrantee identifies itself as a faith-based or religious organization, Subgrantee shall post a notice to advise all clients and potential clients that if the client objects to the religious character of the Subgrantee's organization, the client has the right to be referred to another SAPTA funded provider that is not faith-based or that has a different religious orientation. Within a reasonable period of time after a client's request for referral, Subgrantee shall make the referral to another SAPTA funded provider, and shall ensure that the client receives the alternative services within a reasonable period of time.

CONTACT INFORMATION:

All questions or concerns should be directed to the subgrantees' assigned analyst. Contact information is as follows:

Carson City office:
4126 Technology Way, 2nd Floor
Carson City NV 89706
775-684-4190 phone
775-684-4185 fax

Las Vegas Office:
1840 E Sahara Ave, Ste 111
Las Vegas NV 89104
702-486-8250 phone
702-486-8253 fax

FUNDING SOURCE INFORMATION:

The following descriptions briefly explain the various types of funding available from SAPTA. Please refer to the signature page of this document to see which description applies to the particular fund source awarded.

A. Substance Abuse Prevention and Treatment Block Grant (SAPTBG): SAPTBG funds are federally awarded. According to SAPTBG, these funds are available to support all types of treatment and prevention for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."

B. State General Funds (SGF): SGF funds are appropriated by the State Legislature. These funds are available to support all types of treatment for both alcohol and other drug abuse. To ensure uniform provision of services, Co-occurring disorder funds are appropriated by the State Legislature. These funds are available to support treatment for co-occurring mental health and substance abuse disorders. SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."

C. Marijuana Registry (MR): MR funds are appropriated through state mandated medical marijuana registry fees. These funds are available to provide alcohol and drug abuse programs to persons referred to the Division by agencies which provide child welfare services. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."

D. State Liquor Tax (SLT): SLT funds are appropriated through state mandated liquor taxes. These funds are available to support all types of treatment for alcohol abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions", although some requirements for civil protective custody services may be waived. Subgrantees must clearly address the priority populations and services identified below:

i. Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.

ii. Priority will be given to:

a) Areas of the state where there is a shortage of personnel to conduct treatment for alcoholism and alcohol abuse.

b) Needs of counties to provide civil protective custody pursuant to NRS 458.270.

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DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION C

Description of services, scope of work, deliverables and reimbursement

Northern Nevada H.O.P.E.S., hereinafter referred to as Subgrantee, agrees to provide the following services and reports according to the identified timeframes:

Provide all services as identified in the scope of work (Attachment A).

Subgrantee agrees to adhere to the following budget:

APPROVED BUDGET CATEGORIES include:		
Personnel	$	
Consultants/Contracts	$	
Travel	$	
Training	$	
Operating	$	
Other	$	
Total Cost	**$**	**124,329**

REIMBURSEMENT shall be on the following basis:

- A Request for Reimbursement will be submitted electronically via the Nevada Health Information Provider Performance System (NHIPPS), and will include only items contained within the subgrant documents. Requests for advance of payment will not be considered or allowed.
- Subgrantee will enter all required data into NHIPPS and submit any required reporting prior to submitting an electronic reimbursement request.
- Subgrantee will submit, via NHIPPS, the Request for Reimbursement and a supporting schedule summarizing the total amount and type of expenditures made during the reporting period within 15 days following the end of each month. A request must be submitted as a zero dollar request if no expenses were incurred during the month.
- Subgrantee agrees that submittal of the electronic reimbursement request constitutes an electronic signature and indicates that all source documentation is approved and on file with original signature when required.
- Subgrantee must retain copies of approved travel claims, consultant invoices, payroll register indicating title, receipts for goods purchased, and any other relevant source documentation in support of reimbursement requests. The amount requested cannot exceed the amount of the actual expenditure.
- Additional expenditure detail will be provided upon request from SAPTA. If additional detail or copies of backup documentation are requested by SAPTA, the information will be required to be given within 10 business days of the request. Any costs requested without sufficient approved backup will be denied until such support can be produced.
- Travel expenses, per diem, and other related expenses must conform to the procedures and rates allowed for State officers and employees.
- Contracts, including lease agreements must be received by SAPTA prior to reimbursement payments.
- SAPTA has the right to withhold reimbursement if any of the terms of the subgrant are not met, including the scope of work.

Additionally, the subgrantee agrees to provide:

- A final Request for Reimbursement to SAPTA within **20 days** of the CLOSE OF THE SUBGRANT PERIOD. Any unobligated funds shall be returned to the Division at that time, or if not already requested, shall be deducted from the final award.

SAPTA agrees to:

- Process Requests for Reimbursement in a timely manner.
- Provide technical assistance to ensure compliance with subgrant and to maintain program integrity.

- SAPTA reserves the right to reject requests for reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by SAPTA.

Both parties agree: Program Compliance and Fiscal Monitors are a condition of receipt of SAPTA funding. Programs receiving SAPTA funding are required to participate in both the certification and the monitor processes.

A monitor is regulatory in nature and the purpose of a SAPTA monitor is to accomplish the following:

- Verify that funds are being utilized as identified in grant award documents.
- Ensure that SAPTA funds programs in compliance with state and federal requirements and restrictions.
- Identify problems or difficulties at an early point in time.
- Coordinate the efficient delivery of services to Nevada's population.

All reports of expenditures and requests for reimbursement processed by SAPTA are SUBJECT TO AUDIT.

This subgrant agreement may be TERMINATED by either party prior to the date set forth on the Notice of Subgrant Award Period, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

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Substance Abuse Prevention and Treatment Agency
NOTICE OF SUBGRANT AWARD

SECTION D

AUDIT INFORMATION REQUEST

1. Non-Federal entities that **expend** $500,000.00 or more in total Federal Awards are required to have a single or program-specific audit conducted for that year, in accordance with *OMB Circular A-133*. A COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO THE SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY, 4126 TECHNOLOGY WAY, SECOND FLOOR, CARSON CITY, NEVADA 89706, within nine (9) months of the close of your fiscal year.

2. Did your organization expend $500,000.00 or more in all Federal Awards during your most recent fiscal year?
   YES _____ NO _____

3. When does your fiscal year end? _____

4. Official name of organization? _____

5. How often is your organization audited? _____

6. When was your last audit performed? _____

7. What time period did it cover? _____

8. Which accounting firm conducted the audit? _____

_____

SIGNATURE TITLE DATE

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Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Agency
Scope of Work Form for HIV/TB Testing

Instructions: Complete one form for the total organization that will serve as a summary of each location's units of service and clients. The number of clients should be the same as on the Budget Form. **COLUMN MAY NOT TOTAL,** as client may receive both services and different number of visits.

Name of Service Organization: Northern Nevada HOPES

LOCATION OF SERVICE	NUMBER OF VISITS TO BE PROVIDED/FREQUENCY		NUMBER OF INDIVIDUALS SERVED		
			HIV	TUBERCULOSIS	TOTAL
Family Counseling Services-575 Plumb	4	1 x quarter	30	0	30
Family Counseling Services-480 Galletti	6	Every other month	60	0	60
Bristlecone-McCarran/Keystone	108	8 x month, plus 1 x month for health ed classes	120	290	410
Ridge House-57 Vine St	100	8 x month, plus 1 x quarter for health ed classes	60	150	210
WestCare- 315 Record St.	12	As requested. See narrative for additional information.	24	900	924
Step 2	108	8 x month, plus 1 x month for health ed classes	100	160	260
Step 1	100	8 x month, plus 1 x quarter for health ed classes	40	70	110
Quest Counseling	6	Every other month	40	20	60
TOTAL CLIENT VISITS	**440**		**474**	**3,180**	**3,654**