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SUBSTANCE ABUSE TREATMENT/CLINICAL SERVICES REQUEST FOR APPLICATION (RFA)

RFA OBJECTIVE: Substance Abuse Treatment/Clinical Services in Nevada

FUNDING PERIOD: **July 01, 2009 – June 30, 2012** (Second and third year funding are contingent on availability of state and federal funding, successful completion of negotiated scopes of work, and the Substance Abuse Prevention and Treatment Agency (SAPTA) funding priorities. Progress reports will be reviewed for those reapplying for funding.

BIDDER'S CONFERENCE: **December 1, 2008 – Sparks (information for new applicants)**
December 2, 2008 – Sparks (funded providers)

December 3, 2008 – Las Vegas (information for new applicants)
December 4, 2008 – Las Vegas (funded providers)

LETTER OF INTENT: **DUE: December 12, 2008 by 5:00 p.m. All Letters of Intent must be sent to Carson City office via registered mail with a return receipt required.**
NO EXCEPTIONS.

APPLICATION DEADLINE: **Applications must be received in the Carson City office no later than 4:00 p.m., February 13, 2009. LATE SUBMISSIONS WILL NOT BE CONSIDERED FOR FUNDING.**

COPY REQUIREMENTS: **Submit one original and 10 copies. Attachments not requested will not be accepted. Original MUST be signed in blue ink.**

RFA REQUIREMENTS: All applications must address services to be provided and must conform to the requirements and instructions contained in this RFA. Applications will be evaluated on a competitive basis. SAPTA reserves the right to modify or reject any or all applications.

FUNDING ELIGIBILITY: In addition to holding a current state certification from SAPTA for each level of care to be funded, applicants must hold a current 501 (c)(3) or be a government agency**.**

DUNS Number: Programs receiving funding are required to have a registered Data Universal Numbering System (DUNS) number prior to receiving a subgrant award. Attachment A provides instructions for obtaining a DUNS number.

Applicants not currently certified by SAPTA must complete and submit an application for Agency certification prior to submitting the application for funding under separate cover. Failure to submit the application will disqualify the applicant and the application will not be reviewed. Fees required for certification will become due if funding is received through this RFA.

AVAILABLE FUNDING: The available funds reflect **NO** increase in federal funding over the current year. If an increase in funding comes after the awards are made, but during SFY 2009, the applications submitted in response to this RFA will be used to award the additional funds. All awards are contingent on continued availability of funds.

The table below reflects the approximate funding amounts available for the first fiscal year, July 01, 2009 to June 30, 2010.

FUNDING SOURCE: Population:	Substance Abuse Prevention and Treatment Block Grant (SAPT BG) Federal	State General Funds	State Liquor Tax	TOTAL
Adult Treatment of Alcohol and Drug Abuse	5,500,000	1,700,000	50,000	**$7,250,000**
Pregnant Women's Set-aside	1,000,000			**$1,000,000**
Adolescent Services	1,100,000	900,000		**$2,000,000**
Civil Protective Custody and Detoxification Services			1,000,000	**$1,000,000**
Wait List Reduction		2,000,000		**$2,000,000**
Award Totals:	**$7,600,000**	**$4,600,000**	**$1,050,000**	**$13,250,000**
Performance Incentives	700,000			**$700,000**
				$13,950,000

All questions or inquiries related to this RFA may be submitted in writing and faxed to Layne Wilhelm at 775-684-4185.

Or

You may e-mail them to Layne at lwilhelm@sapta.nv.gov

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RFA CALENDAR
2008-2009

SUBSTANCE ABUSE TREATMENT/CLINICAL SERVICES

December 1, 2008 December 2, 2008	**SPARKS**: Bidder's Conference • 1st Day detailed presentation of funding requirements for new applications. • 2nd Day general overview of RFA for existing subgrantees.
December 3, 2008 December 4, 2008	**LAS VEGAS**: Bidder's Conference • 1st Day detailed presentation of funding requirements for new applications. • 2nd Day general overview of RFA for existing subgrantees.
December 12, 2008	**Letters of Intent due by 5:00 p.m**. **All Letters of Intent must be sent via registered mail with a return receipt required. NO EXCEPTIONS.**
February 13, 2009	**Applications are due by 4:00 p.m. in the Carson City Office. NO EXCEPTIONS.**
February 14-27, 2009	Staff conducts technical reviews.
February 2009	The Center for the Application of Substance Abuse Technologies (CASAT) conducts clinical reviews.
March 16-19, 2009	Objective review committee(s) meet.
March 30, 2009	Applicants notified by fax of recommendations for funding and scope of work. Letters with Budget and Scope of Work forms sent out. Letters of unsuccessful applicants will be mailed out. Negotiations with programs begin and continue until April 23, 2009. Develop subgrant documents.
May 1, 2009	Notice of Subgrant Award documents sent to programs for signature.
May 15, 2009	Notice of Subgrant Award documents must be returned to SAPTA. **NO EXCEPTIONS.**
July 01, 2009	Project year begins.

PART I: SAPTA STRATEGY AND PRIORITIES FOR 2009-2012

The mission of the Substance Abuse Prevention and Treatment Agency (SAPTA) is to reduce the impact of substance abuse in Nevada. The purpose of this Request for Application (RFA) is for SAPTA to purchase substance abuse (alcohol and other drug) treatment services. Applicants are responsible for compliance with all state and federal requirements for receipt of funding and for attaining service-delivery projections that are established as the Scope of Work.

This RFA continues to incorporate changes in the application and funding processes initiated by SAPTA in recent funding cycles. These changes ensure that SAPTA and its funded programs meet audit requirements, implement the Agency's Program Operating and Access Standards (POAS) and report the federal State Outcome Measures (SOM's).

The Agency is interested in supporting only Evidence-Based Treatment programming. SAPTA's partnership with the Center for the Application of Substance Abuse Technologies (CASAT) provides training opportunities to assist providers in meeting this requirement. Additionally, SAPTA continues to focus on the implementation of the National Institute on Drug Abuse's (NIDA's) 13 Principles of Effective Treatment.

Program Operating and Access Standards (POAS)

To meet federal and state requirements and establish a plan of action to guide the Agency in program implementation, the Division of Mental Health and Developmental Services, SAPTA presents the Treatment POAS for the years of 2007 – 2012. Detailed information pertaining to the POAS (2007-2012) is provided as Attachment B.

It is intended to promote effective and efficient substance abuse treatment throughout Nevada and to ensure enhanced integration of delivery systems to treat substance abuse clients. This document contains a set of standards that will encourage Nevada substance abuse treatment providers to fully implement the federal SOMs, to adopt the National Academy of Sciences' Institute of Medicine ten rules to redesign health care; and to further strengthen providers' capacity to offer client-centered treatment through Evidence-Based Treatment Practices.

The document has addressed each of the five categories described in the original POAS documents and is developed to guide treatment standards for FY 2007 – FY 2012. The five main categories remaining constant are:

- Increase Access to Treatment
- Improve Service Efficiency
- Improve Quality of Care
- Improve Care Coordination
- Improve Outcome Measurement

Nevada Health Information Provider Performance System (NHIPPS)

Treatment providers will continue using NHIPPS. Furthermore, they will be required to ensure quality of data, its accuracy and generate timely utilization reports. To assist programs in meeting NHIPPS reporting requirements, the Agency will provide technical assistance to all programs awarded funding.

Performance-Based Contracting

SAPTA has received technical assistance from the federal government about performance-based contracting. In the 2009-2012 grant cycles, SAPTA is implementing a program performance incentive based on client engagement, a 90-day continuum of care, and the quality of client data provided through NHIPPS. Increased performance will provide financial incentives for the programs and quality data for SAPTA's federal reporting.

Base award amounts will remain consistent for all three years in the project period, with the potential of receiving additional funds from the incentive pool based on the programs performance. The incentive funding will be awarded to programs who can demonstrate a 90-day completion of a treatment episode, either solely through one program or in collaboration with others. The NHIPPS client profile number will be used to track a client's length of stay in various levels of treatment, including detoxification. Drug court programs, mandated clients, and Opioid treatment-only programs will also be eligible for this incentive funding. Only clients admitted to treatment as of July 01, 2009, will be tracked for incentive awards and eligible for incentive funding after the first 90-day treatment period. For a program to be able to participate they must be at 80% of their negotiated scope of work in all funded levels of service for the time period reviewed. If the program refers a client to another or continued level of care at a different agency, the receiving program must also meet the 80% scope of work requirement to share in the performance incentive. Providers must also have both an effective business process and trained staff who are proficient at using the referral and inter-agency transfer process in NHIPPS. Quality of NHIPPS data will be reviewed and must be in compliance for incentive eligibility. All programs providing client services would then be eligible for a percentage of the incentive award for the 90-day client treatment episode. The total amount available for the program performance funding would be capped at 5% for the individual subgrant award.

Treatment System Priorities

The overall strategy of SAPTA is to distribute funds through the RFA in a manner that supports the Agency's service priorities. Over time these have changed and at the present time the following are of interest to the Agency. Please bear in mind that these are in addition to the requirements contained later in this RFA and assume inclusion of all the Agency's state and federal program policies and regulations.

Evidence-Based Practice (EBP) and EBP-Exchange

In partnership with CASAT, SAPTA has enhanced treatment service delivery through Evidence-Based Practice Exchange. Evidence-Based Practice is defined as *interventions that show consistent scientific evidence of being related to preferred client outcomes*. An EBP is one that has been shown to produce results in several settings (replication) and can be exported (manuals).

- **Evidence-Based Treatment.** Treatment programs awarded funding through the Agency will implement these strategies in clinical settings within the funding cycle. The Agency will sponsor trainings in evidence-based treatment and the EBP-exchange will include technical assistance for:

  - Implementing evidence-based practices
  - Data collection instruments and treatment outcome measures (NHIPPS)
  - Clinical supervision

- Case management
- Organizational change
- Business improvement practices

SAPTA will begin monitoring the programs for evidence-based treatment fidelity and will adjust its monitoring practices to include data quality reviews.

Clinical directors or supervisors will be required to demonstrate proficiency in evidence-based treatment and document evidence of staff supervision (audio/video tapes) and training during the funding cycle. Program certification and monitors will require implementation of the program operating and access standards (2007-2012 POAS) and documentation of continued implementation of NIDA's 13 Principles of Drug Addiction Treatment within the client's treatment episode.

Clinical Supervision and Program Training Practices

Following a review of available literature, the Clinical Supervision Competencies Task Force synthesized the following definition in the TAP 21-A:

> *"Clinical supervision is a social influence process that occurs over time, in which the supervisor participates with supervisees to ensure quality clinical care. Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning, and professional development. They build teams, create cohesion, resolve conflict, and shape agency culture, while attending to ethical and diversity issues in all aspects of the process. Such supervision is key to both quality improvement and the successful implementation of consensus and evidence-based practices." (SAMHSA, 2007, p. 3)*

While some clinical supervisors seem to have basic knowledge of clinical supervision theories and practice, most have little to no experience in giving performance feedback. Therefore, additional training is necessary if providers are to be prepared to demonstrate their use of evidence-based practices. Treatment providers need to ensure that clinical supervisors receive up to date formal training in clinical supervision. Specifically, this training needs to emphasize skills that focus on providing performance feedback to counselors. In order to ensure that all current clinical supervisors update their knowledge and learn how to conduct performance feedback activities, treatment providers should consider supporting supervisor's attendance at new clinical supervision workshops or courses.

Effective clinical supervision activities begin with useful policies and procedures. Each treatment program should have policies and procedures in place that are based on the new clinical supervision competencies (TAP 21-A) and address the delivery of clinical supervision. If policies and procedures are already in place, they should be reviewed to ensure their agreement with TAP 21-A clinical supervision competencies. If no clinical supervision policies and procedures exist, providers should develop these policies and procedures using the TAP 21-A competencies as a guide.

It is imperative that clinical supervision be given a status that denotes its importance and be valued by the treatment provider as a useful activity. Clinical supervision sessions need to be regularly scheduled appointments that take priority over other activities. Both treatment provider administrators and clinical supervisors can help ensure that clinical supervision sessions are regularly scheduled and implemented. Finally, clinical supervisors need to formally observe supervisee/client interactions and give supervisees constructive feedback on their performance.

Providing feedback to counselors based on direct observation of their abilities rather than on anecdotal recitations of their account of what occurred in session promotes skill development. In addition, and most importantly, direct observation also provides the treatment program with a more accurate picture of the services being delivered. This, in turn, results in the provision of better substance abuse treatment services and ensures greater public safety. Applicants will be required to submit an overview of their supervision practices and documentation for item 7 in the narrative section and submit the program's current supervision policies and procedures as an attachment.

Co-occurring mental health and substance abuse disorders -- building systems of integrated care based upon the Division Criteria for Treating Substance Related Disorders: Co-occurring disorder (COD) refers to the co-occurrence in the same individual of a substance use disorder and another behavioral or mental disorder (psychiatric disorder as defined by DSM-IV-TR). Such an individual is sometimes known as a mentally ill chemical abuser (MICA). Programs providing enhanced (in-house) services to these individuals will receive priority for funding and are encouraged to collaborate with other agencies in their communities to provide fully integrated substance abuse, mental health, health care, vocational/educational, and housing services to those with co-occurring disorders. Priority will be placed on those programs that provide the services in a comprehensive manner rather than in a parallel manner.

Individuals with COD benefit from continuous, integrated treatment relationships; and programs offer interventions matched to diagnosis, phase of recovery, state of change, level of functioning, level of care, and the presence of external supports and/or contingencies. The Quadrants of Care, developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Association of State Mental Health Program Directors (NASMHPD), is a useful classification of *service coordination by severity* in the context of substance abuse and mental health settings. NASADAD-NASMHPD four-quadrant framework provides a structure for fostering consultation, collaboration, and integration among drug abuse and mental health treatment systems and providers to deliver appropriate care to every client with COD. The four categories of COD are:

- Quadrant I: Less severe mental disorder/less severe substance disorder
- Quadrant II: More severe mental disorder/less severe substance disorder
- Quadrant III: Less severe mental disorder/more severe substance disorder
- Quadrant IV: More severe mental disorder/more severe substance disorder

Emphasis for the state of Nevada publicly supported substance abuse treatment programs is on quadrants I and III: less severe mental health disorders/less severe substance abuse disorders and less severe mental health disorders/more severe substance abuse disorders. Attachment C provides information about Co-Occurring Enhanced Levels of Service.

Enhancing adolescent services in Nevada: To foster the enhancement of these services, SAPTA has determined that adolescent treatment services need to be increased statewide with priorities being placed on programs that provide a complete system of care. This includes early intervention, outpatient client services, residential, transitional housing, and continuing care/recovery support services. It is SAPTA's goal to expand and enhance innovative adolescent services and expand collaboration among various service delivery systems. SAPTA supports activities that ensure a client receives the appropriate care required at the time of assessment. Treatment programs need to provide or refer adolescents for comprehensive evaluations to assess for co-occurring disorder, to provide or make arrangements for family therapy and offer continued care services. Staff providing

these services must have documented training or a detailed plan to achieve specific training in adolescent treatment therapies.

Client Access and Engagement: Applicants will be required to submit findings from agency "walk-through" as an attachment to item: 8. Treatment Process and Utilization Management Criteria. Organizations exist, and therefore change, to serve *customers.* Similarly, customers are served by the organization's *processes* – the series of action steps taken to convert inputs into outcomes. 85% of the *problems* that organizations have in serving customers are caused by their *processes. Therefore, to change an organization to better serve customers, it should solve problems that will improve its processes (NIATx, 2008).*

Conducting a Walk-Through: The Network for the Improvement of Addiction Treatment (NIATx) model for process improvements strongly recommends conducting a walk-through exercise as the first step in identifying and categorizing barriers to treatment that a client might encounter.

During a walk-through, the Chief Executive Officer (CEO), senior managers, and/or other key personnel experience access to the organization from the viewpoint of two customers: the client and the family member. This experience enables the organization to better observe and identify strengths and weaknesses of the current process from the customer's point of view, gaining an in-depth understanding of how to make organizational improvements upon existing treatment services – from the first call for help, through the intake process, and through the implementation of the treatment plan ultimately benefiting those seeking services.

- Preparing for the Walk-through: Select two people from your organization to play the roles of a *client* and a *family member*.
  - Make sure that the people you select are detail-oriented and committed to making the most of this exercise.
  - Present yourselves as dealing with an addiction with which you are already familiar. This ensures that your walk-through experiences are as realistic as possible and that you are able to consider the needs of people with that particular addiction issue.
  - This exercise is most valuable when one or more of these roles are filled by a member of your organization's senior management team—the CEO, director, or another senior manager.
- Let your staff know in advance that you will be doing the walk-through exercise. Ask them to treat you as they would anyone else.
- Act as though you are a typical client (and family member) who plans to attend treatment at your agency.
- As you conduct the walk-through, observe and record your experiences:
  - Consider what it would be like if you had never been to the site before.
  - Make note of your surroundings and interactions with agency staff and other clients, considering what a client or family member might be thinking or feeling at any given moment.
  - At each step, ask the staff to tell you what changes (other than hiring new staff) would improve the experience for the client, the family member, and the staff. Write down their ideas and feelings as well as your own.
  - Use the Walk-through Recording Template (Attachment D) to record your observations and recommendations. Be as complete as possible when you document your walk-through.

- Be prepared to make a list of the areas that need improvement and the specific changes that you want to make:
  - Make note of those areas that seem to work well and consider using those procedures and processes in other parts of the intake process.
  - Include the perspectives of the client, the family member, and the staff. Both the client and the family member should each record all their thoughts and feelings about this process.

Applicants are to submit walk-through findings as part of the attachment to item 8. Include your agency's overall experience while conducting the walk-through, and identify three to four barriers that the applicant agency encountered during the process that will be addressed over the course of the grant cycle. Once barriers are identified recommended solutions and a timeframe in which to overcome the barrier should be included.

Enhance client engagement, care coordination and recovery support services to ensure all levels of substance abuse treatment are available and accessible within a comprehensive service system of care: Two goals of treatment are to help people enter into recovery and to return the individual to productive functioning in the family, workplace, and community. The degree of successful long-term recovery is significantly linked to the length of active client engagement during and throughout the treatment process. Client engagement and continuing care are significant premises of substance abuse treatment upon which the Division Criteria is built. The Agency is interested in having providers improve the length of client engagement through evidence-based treatment to meet the standard generally established by research as being the minimum optimal treatment episode. At the present time few programs maintain client engagement to this 90-day minimum standard. This situation is linked to how well programs move clients through the different service levels either in-house or with referrals to other treatment providers. A commitment to client success involves a multi-step treatment and care process for alcohol and other drug abuse services that include offering assistance in accessing care in the areas of health, mental health, vocation, housing, childcare, employment and other recovery support services.

Because the client's needs often change during the course of treatment, or pre-existing need are identified during the course of treatment, case management techniques assist providers to respond effectively and efficiently to any emerging needs and coordinate relevant care for the Client engagement is especially effective when there is a single contact person responsible for monitoring the client's progress and when linking others involved in the client's care to the single goal of long-term recovery. Care coordination strategies should be community-based and include recovery support services in the least restrictive and affordable environments. Programs are encouraged to review how they provide services to clients after they are formally discharged and access recovery support services.

Recovery-Oriented Systems of Care: Professionals are good allies, and successful peer initiatives network and build strong and mutually supportive linkages with formal systems and with professionals in their communities. However, recovery-oriented systems support services are largely designed and delivered by individuals and families in recovery to meet the needs of others like they once were. The services are defined in response to needs identified by the recovery community. While supportive of treatment, recovery support services are not treatment in the commonly understood clinical sense of the term. Still, they extend and enhance the treatment continuum in at least two ways:

- Services help prevent relapse and promote long-term recovery, thereby reducing strain on the overburdened treatment system.
- When individuals do relapse, services can help minimize the negative effects through early intervention and timely referral back to treatment.

The recovery community has defined recovery as continuing abstinence from alcohol and drugs and a full re-engagement with the community based on resilience, health, and hope. Therefore, recovery support services focus less on illness (pathology) and more on wellness. They aim to maximize the opportunities to create a lifetime of recovery and wellness for one's self, family, neighbors, and community.

Recovery-oriented systems support can include:

- Assistance in housing, educational, and employment opportunities
- Building constructive family and other personal relationships
- Stress management assistance
- Alcohol- and drug-free social and recreational activities
- Recovery coaching or mentoring to help manage the process of obtaining services from multiple systems, including primary and mental health care, child welfare, and criminal justice systems.

Recovery support can be targeted to respond to specific cultural or gender-specific needs. It is provided in culturally appropriate and welcoming self-help environments. **Programs will be asked to describe their connection to Recovery-Oriented Systems of Care in the community(ies) described in the application.**

Criteria for Providing Substance Abuse Services via Telecommunications (TeleCare)

In FY 2004, SAPTA added a new mode of service delivery to enhance availability of services; TeleCare is now an option for delivery services. The guidelines are provided as Attachment E.

The TeleCare service level (NAC 458.267; system of telecommunications) is certified by SAPTA as an addendum to, and as a mode of, delivery for Comprehensive Evaluations (adult or adolescent) and Level I – individual outpatient. Appropriate services that may be delivered include: clinical evaluation for diagnosis and patient placement, therapy, treatment plan review, discharge planning, and medication management. Consistent with requirements for all certified and funded programs and service levels, TeleCare may be offered within a continuum of evidence-based practices for client care. The TeleCare guidelines provide a mode of service delivery in areas of Nevada where there is critical client need that may be a result of access and availability challenges. As TeleCare is a mode of delivery, funding and units for service should be identified in the appropriate service level.

Charitable Choices or Faith-Based Organizations (FBO's) 45 CFR Part 54 and Part 54a, and 45 CFR Part 96

On December 17, 2002, the Department of Health and Human Services (HHS) published a Notice of Proposed Rulemaking (NPRM) to implement the Charitable Choice statutory provisions of the Public Health Service Act. The Substance Abuse Mental Health Services Administration (SAMHSA) Charitable Choice provisions contain important protections both for religious organizations that receive SAMHSA funding for substance abuse services and for the individuals

who receive services from such programs. The rule will work to ensure that SAMHSA substance abuse funding is open to all eligible organizations, regardless of religious character or affiliation, and to establish clearly the proper use to which funds may be put and the conditions for receipt of funding. SAMHSA's mental health programs are not covered by the Charitable Choice statutory provisions.

The Charitable Choice provision has three goals. First, it seeks to encourage states to expand the involvement of community and faith-based organizations in the public anti-poverty effort. Second, through a range of measures it protects the religious integrity and character of faith-based organizations that are willing to accept government funds to provide services to the needy. Third, it safeguards the religious freedom of beneficiaries, both those who are willing to receive services from religious organizations and those who object to receiving services from such organizations.

The applicant for funding is required to declare the proposed treatment program's religious affiliation or non-affiliation in the application. Definitions of religious organization status are contained within the glossary, provided as Attachment F, and must be indicated on the application cover page.

PART II: FUNDING SOURCES

The State of Nevada has three primary funding sources for substance abuse treatment programs: Federal SAPT BG, State General Funds, and State Liquor Tax.

Each funding source requires SAPTA and its subgrantees to be in compliance with state and/or federal funding requirements. Applicants should bear in mind the following:

- The applicant must demonstrate how the program will comply with state and federal funding requirements associated with each funding source requested.
- Applicants are required to identify the pool of funds for which they are applying.
- Documents must include a detailed budget (budget request and justification) for the total amount of funds requested as well as a summary document indicating the amount of funding being requested from each funding source (budget summary).
- Applicants should be aware that alcohol and other drug services must comply with all reporting requirements verifying treatment services, including entering data into NHIPPS.
- Nevada Administrative Code (NAC) 458 requires certification of funded programs and service levels.
- Program protocols must be compliant with SAPTA's POAS.
- Applicants must provide evidence of their solvency status. This requires programs to submit an annual report to the Board of Directors, to submit changes in organizational positions associated with the delivery and management of grant funded services, and to report incidents or activities that could jeopardize the ability for the agency to fulfill its grant obligations to the Agency.

Source of Funds Budget Requests

SAPTA requires applicants to identify the source of funds from which they are requesting funding. When determining the source, applicants should consider the following:

- Applicants will be responsible for meeting all identified requirements related to the source(s) of funding. For example, Liquor Tax administered by SAPTA must be used to "increase services for the prevention of alcohol abuse and alcoholism and for the detoxification and rehabilitation of abusers" (NRS 458.097).
- The amount of money available from each source of funding is identified on page two. Applicants applying for that specific source of funding will be competing with all other applicants applying for funding from that source.
- SAPTA will award all successful applicants funds from specific funding sources. SAPTA will make the funding decisions based on the requirements of each funding source. As such, **during the 2009 – 2012 funding cycle, subgrant amendments to move funds** *between* **funding sources will not be allowed.** Applicants are encouraged to carefully evaluate their ability to provide services according to funding requirements prior to applying for funds from a specific funding source. For example, assuming an applicant was awarded $50,000 in SAPT BG funds to provide adolescent intensive outpatient (IOP) services and an additional $45,000 in State Liquor Tax funds to provide adult civil protective care (CPC) services. Even if the adolescent program funded by the SAPT BG funds had a waiting list and the adult program only had two (2) clients during the first three (3) months of the subgrant, the applicant would not be able to make a subgrant amendment to change the units of service or number of clients to be treated under each funding source. Each section of the application has a point value and a total score can be obtained only for completed applications.
- SAPTA will carefully monitor the expenditure of funds by subgrantees. If it appears a subgrantee will not be able to expend the funds awarded per the terms of the subgrant, such funds may be reallocated to another program. These decisions are solely the responsibility of the Nevada Division of Mental Health and Developmental Services (MHDS), SAPTA.
- SAPTA will carefully monitor progress in meeting the required scope of work. If it appears that the subgrantee will not be able to meet the scope of work, adjustments to the scope of work and related budget will be made. These decisions are solely the responsibility of MHDS, SAPTA.

When developing budgets, applicants should consider the expenses that will be incurred to meet SAPTA reporting requirements including the request for reimbursement from an identified funding source and reporting on utilization by level of services.

PART III: REQUIREMENTS/RESTRICTIONS

Federal Funding Accountability and Transparency Act

On June 6, 2006, the Office of Management and Budget (OMB) published proposed new government-wide guidance at 73 FR 32417 related to implementation of the Federal Funding Accountability and Transparency Act. The guidance, which would be established as 2 CFR Part 33, would be incorporated as a standard term for any grant, cooperative agreement, loan, or other federal financial assistance covered by the Transparency Act. The current deadline for compliance is January 1, 2009.

The new regulations would impact entities at all levels: federal awarding agencies, pass-through entities, and subrecipients. Any entity receiving federal funding of $25,000 or more will be required to have a DUNS number and maintain current registration with the Central Contractor Registry (CCR). More information about the Act may be found within Attachment M.

Base Funding Requirements/Restrictions[1]

All recipients of funds from SAPTA, with the exception of civil protective custody, must observe the following conditions identified as base funding requirements and restrictions. Recipients must ensure compliance with state and federal requirements for receipt of Block Grant and state funds**.** Several federal Block Grant requirements are addressed in the Base Funding Requirements/Restrictions for all Federal Funds included in this section of the RFA. **These conditions should be reviewed carefully by applicants**, since noncompliance may result in negative sanctions that may include de-obligation of funding. This RFA also includes sections in which applicants are to specify the manner in which they intend to attain compliance with relevant state and federal standards/requirements. Please remember that funding sources have specific compliance issues that must be considered by the applicant.

Applicants must discuss their ability to comply with all state and/or federal funding requirements and restrictions identified. Please include any specific features or capabilities that uniquely qualify the applicant to provide services as required by the source of funds. Applicants may also include any differences in service delivery based on funding source requirements. For example, in Part V - Section 8 of this RFA, Treatment Processes and Utilization Management Criteria, the applicant would address their general treatment philosophy.

The **Center for Substance Abuse Treatment (CSAT), Division of State and Community Assistance** received a request to clarify the ability of a State to use Block Grant funding for specific target populations.

It was determined that providing preferential admission status to a specific population would violate the non-discrimination provision contained in 42 U.S.C. 330x- 57 which prohibits discrimination based on age, sex, religion race, color, or national origin in programs funded in whole or in part with Substance Abuse Prevention and Treatment Block Grant (SAPT BG) funds. Further, the Health and Human Services (HHS) regulation implementing the provision of the title VI of the Civil Rights Act of 1964 in programs receiving Federal assistance through HHS prohibits discrimination in such programs (45 C.F.R. Part 80).

The non-discrimination provisions of the SAPT BG and HHS regulations do not allow a recipient of the Block Grant funds to exclusively serve or give preference to a targeted population based on and impermissible factor, such as race or ethnicity. The only exception is that specifically allowed in statute (priority admission for pregnant women).

Program certification is mandatory for all funded programs. NAC 458.279 4b states: "Ensure that the program and its operations are in compliance with all applicable laws and regulations." If a program or level of service, for each location, is not currently certified, an application for certification must be submitted prior to or concurrent with the submission of the application for funding. **Call Sara Baiza at (775) 684-4190** to obtain the certification application packet. Failure to meet this requirement will automatically disqualify the application.

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1 Excerpted from: SAPT Block Grant Federal Funds 42 U.S.C. 300x-22(a) (1) (2); 45 C.F.R. 96.124(a) (1) (2); 45 C.F.R. 96.124(c) (3); and 45 C.F.R. 96.122(f) (1) (viii); Nevada Revised Statutes 458 and 369, and Nevada Administrative Code 458.

Certification Fees: The annual fee for SAPTA certification **for each level of service per site** is **$100.00** per state fiscal year, pursuant to NRS Chapter 458.025. For example, an organization with two sites and three levels of service at each site would pay $600.

Applicants for a **new certification** must pay the full annual fee without regard to the date of application or issuance of the certification.

A certification renewal form, together with your remittance must be filed **on** or **before** August 30, for the following year for continuing operations. Payment must be received by SAPTA by the due date in order for the organization to receive reimbursement under a SAPTA subgrant award. Failure to pay may also suspend certification for organizations not funded by SAPTA.

State Licensure/Certification from the Nevada State Health Division, Bureau of Licensure and Certification

Programs funded by SAPTA are required to be in compliance with all state licensure and/or certification requirements. At the present time the State Health Division (SHD), Bureau of Licensure and Certification (BLC) has authority in regards to residential substance abuse services including social model and modified medical detoxification, opioid maintenance therapy, and medical laboratories. Medical laboratory requirements are relevant if your program provides drug testing. Please be sure that these issues have been appropriately addressed by your agency and that the application reflects the most current information regarding BLC's requirements. SAPTA will be confirming all information provided by applicants with BLC staff.

All programs providing residential and/or transitional housing levels of care must be licensed by BLC as an alcohol and drug facility (BLC – Carson, 775-687-4475; BLC – Las Vegas, 702-486-6515). Applicants offering these levels of care must provide a narrative on how BLC requirements have been met.

National Accreditation

The POAS recommends, but does not require, all funded treatment programs to achieve and maintain accreditation from a national accreditation body approved by the Center for Substance Abuse Treatment (CSAT). **If an applicant has achieved accreditation, please submit the accreditation document. If accreditation is pending, submit letter indicating status of the request.**

Health Insurance Portability and Accountability Act (HIPAA)

As required by the Health Insurance Portability and Accountability Act (HIPAA), the Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) took effect on April 14, 2002. These rules cover health plans, health care clearinghouses, and those health care providers who conduct certain financial and administrative transactions electronically. The Privacy Rule created national standards to protect individual's personal health information and gives clients increased access to their medical records. **SAPTA is committed to strong client privacy protections while maintaining access to quality substance abuse treatment. Programs applying for funding need to describe how they maintain HIPAA compliance.**

Admission Priority

Treatment admission prioritization for all programs, except for Civil Protective Custody Services, must be conducted in the following order:

1. Pregnant injection drug users
2. Pregnant substance abusers
3. Non-pregnant injection drug users
4. All others

Wait List / Interim Services and Treatment Capacity

Funded programs must place assessed clients waiting for service on the NHIPPS Wait List, and must create 90% capacity reports when at capacity for any given service level.

Wait List Requirements:

- Wait list record - Individuals that have been assessed and meet the Federal Uniform Waiting List Requirements must be placed on the NHIPPS Wait List. When a person is admitted to treatment, that individual will automatically be taken off the waiting list. Only individuals who have been assessed and are available to accept treatment are maintained on the waiting list. Please see the Federal Uniform Waiting List Requirements provided as Attachment G.

- Wait list contact - Maintaining contact with persons on the waiting list and documenting such contact is required. The NHIPPS Chart Note has a comment field in which contact attempts must be documented. The Chart Note topic "Wait List Contact" must be selected and saved along with the narrative. Programs funded by SAPTA must also record individuals receiving interim services in the NHIPPS Chart Note.

90% Capacity:

- From a specific treatment location, providers must create a 90% capacity report by service level immediately when 90% capacity is reached. This information must be reentered on a weekly basis until the service level falls below the 90% capacity level. Typically if a provider has clients on the NHIPPS Wait list, this is an indication that the 90% Capacity report should be created. The 90% capacity report must be run at the Treatment Location level. Specific permissions are required to run this report and it is accessed from the Business Office menu by Treatment Location.

Tuberculosis (TB) Services

On a routine basis, providers make tuberculosis services available. Services are provided for SAPTA-funded programs through arrangements with Southern Nevada Health District, HIV Outpatient Program, Education and Services (H.O.P.E.S.), or the Frontier and Rural Public Health Program. **Applicants who are currently funded who are not utilizing the aforementioned services must provide a narrative explaining why they are not utilizing these providers. New applicants must utilize these providers.** Services to each individual receiving treatment for substance abuse must include:

- Counseling the individual with respect to tuberculosis.
- Testing to determine if the individual has been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for the individual.
- Providing for or referring the individuals infected by mycobacterium tuberculosis for appropriate medical evaluation and treatment.
- 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.
- 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:
    a. Screening clients.
    b. Identification of those individuals who are at high risk of becoming infected.
    c. Meeting all state reporting requirements while adhering to state and federal confidentiality requirements including 42 CFR Part 2 and HIPAA.
    d. Case management activities to ensure that individuals receive needed services.
    e. Programs will report all individuals with active TB to the state TB Control Officer as required by state law and in accordance with state and federal confidentiality requirements including 42 CFR Part 2.

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. Services are provided for SAPTA-funded programs through arrangements with Southern Nevada Health District, Northern Nevada HIV Outpatient Program, Education and Services (H.O.P.E.S.), or the Frontier and Rural Public Health Program. **Applicants who are currently funded who are not utilizing the aforementioned services must provide a narrative explaining why they are not utilizing these providers. New applicants must utilize these providers.** Required services include:

- Appropriate pretest counseling for HIV and AIDS.
- 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.
- Appropriate post-test counseling.
- Adhering to state and federal confidentiality requirements including 42 CFR Part 2 and HIPAA.

Sliding Fee Scale/Third Party Liability

The Agency's current Sliding Fee Scale Policy is provided as Attachment H. With a few additions, this is the policy that was updated in September 2008 and includes as a reference the most recent federal income and poverty guidelines. This policy is used by programs as the "framework" upon which to build program polices and practices regarding client fees. The policy has seven

requirements with compliance guidelines. All programs are expected to submit a new or updated Sliding Fee Scale policy and appropriate documents to SAPTA for review and approval as part of this RFA. Each applicant must provide a narrative about 3rd party liability collection. The narrative must include the most frequently billed insurance companies; success rates of collection; and, with what agencies they have billing arrangements. If the applicant has none, provide a plan describing how this requirement will be met and when.

Established requirements include the following:

- Policy documents that no person will be denied services due to ability to pay.
- Based on family size of those residing in the household.
- Based on family income level at time of admission.
- Based on the federal poverty level (FPL, up to 400%) or local median income level (must choose one to use consistent). Please refer to the 2008 FPL spreadsheet found in the 2008 Federal Register.
- Income verification by written documentation.
- Must have a policy/procedure in place for "no documentation available" and/or other exceptions.
- 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.
- Appropriate documentation of sliding fee scale availability policy is posted in public and available in written form for all clients/citizens requesting it. Rates are available for anyone asking for a copy. Consistently applied to all clients seeking care.
- Costs for services are based on program rates that can be justified and verified to SAPTA.

Division Criteria for Programs Treating Substance Related Disorders

The Chart of Service Codes and Unit Descriptions are provided as Attachment I.

Applicants must implement Division criteria when admitting and providing services to clients. In response to the various needs of the substance abuse treatment population, SAPTA supports other levels of care that have been reviewed and approved by the Advisory Board. Therefore, the Letter of Intent and Application Summary form reference Levels of Service for funding considerations. The inclusion of these levels of care allow programs to place clients in the most appropriate level of service at the time of admission and encourages implementation of NIDA's 13 Principles of Effective Treatment.

When determining budget requests, the applicant must anticipate the usage of each level of service to be provided and documented as per Division standards. Likewise, utilization reporting must be done according to levels of care provided and defined by SAPTA. The Division Criteria contains the definitions utilized by SAPTA for each service level; be advised that some levels of care cannot be provided in isolation. For example, outpatient group counseling must be provided in conjunction with individual counseling and civil protective custody requires that detoxification services be provided. Please remember that NAC 458 requires certification for each level of service provided.

Restrictions on Expenditure of Funds

Applicants will NOT expend SAPTA funds, including Federal SAPT BG funds for any of the following purposes:

1. To provide in-patient hospital substance abuse services.
2. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
3. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
4. To provide financial assistance to any entity other than a public or nonprofit private entity.
5. To make payments to intended recipients of health services.
6. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a 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.
7. To provide treatment services in penal or correctional institutions of the state.
8. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.
9. The maximum annual salary allowable under SAPT BG requirements is $191,300.
10. Use the federal funds as the "payor of last resort" for services and make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection to:
    a. 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.
    b. Secure from clients payment for services in accordance with their ability to pay.

Funding Sources and Special Requirements

A. SAPT BG and State General Funds for Treatment of Alcohol and Other Drug Abuse: The information in this section describes the "Base Funding Requirements/Restrictions." According to SAPT BG, these funds are available to support all types of treatment for both alcohol and other drug abuse. For more detailed information, please refer to the prior sections within the "Base Funding Requirement/Restrictions" for specific information regarding the following:

- Admission Priority
- Treatment Capacity and Interim Services
- Tuberculosis Services
- HIV/AIDS Early Intervention Services
- Sliding Fee Scale/Third Party Liability
- Division Criteria for Programs Treating Substance Related Disorders
- Restrictions on Expenditure of Funds

B. SAPT BG Set-aside for Pregnant Women and Women with Dependent Children: Applicants seeking funding with the monies set-aside for treatment of pregnant women and

women with dependent children from the SAPT BG must specify the manner in which they will comply with federal requirements specific to receipt of this funding. Funding requirements/restrictions include:

- 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.
- 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.
- 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.
- 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.
- 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:
  - Primary medical care for women, including prenatal care.
  - Primary pediatric care for dependent children, including immunization.
  - 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.
  - 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.
- 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.
  - Care coordination to assist in establishing eligibility for public assistance programs provided by federal, state, or local governments.
  - Employment and training programs.
  - Education and special education programs.
  - Drug-free housing for women and their children.
  - Prenatal care and other health care services.
  - Therapeutic daycare for children.
  - Head Start.
  - Other early childhood programs.

Beyond meeting the minimum federal treatment requirements for women and women with dependent children, the Agency will evaluate the applicant's ability to treat not only the addictive conditions but the methods used to treat many of the connecting factors that feed the addictive cycle. This includes, but is not limited to, how the clinicians will screen all women with substance use disorders and/or mental illness for trauma, history of past or current physical and/or sexual abuse or other traumatic events.

C. State General Funds for Adolescent Services: These funds are available to support all types of adolescent treatment for both alcohol and other drug abuse. Waiting lists must be

updated weekly for this population. Treatment programs need to have arrangements for family therapy, comprehensive evaluations, and continued care. Staff training specific to adolescent treatment must be documented or a training plan detailed in application.

D. State Liquor Tax: "Money received by the Agency pursuant to NRS 369.174 must be used to increase services for the prevention of alcohol abuse and alcoholism for the detoxification and rehabilitation of abusers." "In allocating the money for the increase of services, the Agency shall give priority to: (1) The areas where there exists a shortage of personnel to conduct treatment for alcoholism and alcohol abuse. The Agency shall determine the areas of shortage on the basis of data available from state and local agencies, data contained in the comprehensive state plan for alcohol and drug abuse programs, and other appropriate data; (2) The needs of counties to provide civil protective custody, pursuant to NRS 458.270, for persons who are found in public places while under the influence of alcohol; and (3) Alcohol and drug abuse programs that are primarily directed toward the prevention of such abuse."

To ensure uniform provision of services, SAPTA will require applicants to meet conditions identified above in this section as "Base Funding Requirements/Restrictions."

To ensure uniform provision of services, SAPTA will require applicants to meet conditions identified in this section, although some requirements for civil protective custody services may be waived.

Applicants must clearly address the priority populations and services identified below:

- Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.
- Forty percent (40%) of clients completing detoxification must be admitted to an appropriate level of treatment. This requirement must be met in year one of the project period.

E. State General Funds for Wait List Reduction: The funds are available to reduce the length of time clients who meet the criteria for substance abuse treatment, are being placed on a waiting list and increase the number of clients who have access to treatment available through changes in staff, office hours, or business practices. Requested reports must include information as to the number of individuals receiving treatment with this funding, the length of time individuals waited for treatment and outcome measures.

Procedure to Appeal Funding Decision

When funding decisions have been finalized, letters of notification are sent to funded and unfunded applicants. Those applications that are funded receive information on funding recommendations, so that they may begin the process of budget modifications, if necessary. Organizations whose applications were unfunded who wish to appeal the decision may submit their request in writing to the Agency Director, who will review the request and make recommendations to the Administrator of the Division of Mental Health and Developmental Services.

Observe all conditions identified in this section as "Base Funding Requirements/Restrictions."

PART IV: APPLICATION INSTRUCTIONS

Letter of Intent

All applicants intending to submit an application **must** submit the Letter of Intent form, included as Attachment J, and received by SAPTA no later than 5:00 p.m. on December 12, 2008**.** **All Letters of Intent must be sent via registered mail with a return receipt required. No Exceptions. All required forms will be sent to applicants submitting Letters of Intent.**

Application Requirements

Applications should contain all the information requested below and the information should be organized in the order listed in Part V of this RFA. **Forms will be sent electronically once your Letter of Intent is received. Please be sure to provide the contact person's e-mail address on the Letter of Intent (Attachment J) as that is where the forms will be sent.** You may also contact Kirk Hawkins at (775) 684-4189 and he can assist you.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Clip the application at the upper left-hand corner, do not staple or bind the copies.

- A maximum of 10 points may be deducted for each of the following:
  - Failure to supply 10 copies in addition to the original.
  - All original documents must be signed in blue ink.
  - Failure to use standard type size (12 point font).
  - Failure to utilize reasonable margins, one inch all around suggested, and single-spaced.
  - Failure to respond to all sections of the RFA.
  - Submitting any information that is not complete or accurate.
  - Submitting an application with excessive typographical errors, misspellings, or grammatical errors.
  - Failure to number all pages and place the name of the applicant agency on each narrative page in a header or footer. Required forms can be hand numbered, if space is limited.
  - Failure to observe page limitations.
  - Any attachments that are not requested or sections that exceed page limitations will not be read or reviewed.
  - **Any application received after 4:00 p.m. on February 13, 2009, will be returned unread and not considered for funding. NO EXCEPTIONS!**
  - Applications will **only** be accepted in the Carson City office.

RFA QUESTIONS: All questions related to this RFA must be directed to Layne Wilhelm at the following:

(775) 684-4087 (Telephone)
(775) 684-4185 (Fax)
lwilhelm@sapta.nv.gov

A log of all questions will be maintained and an assigned Agency staff person will respond to the questions. The originator of the question will receive a verbal response within two business days, and all applicants that submit a Letter of Intent will receive a weekly summary of questions and responses.

Please identify who should receive these communications on the Letter of Intent form, including their current e-mail address, as this information will be communicated via e-mail.

Application Writing Suggestions

General suggestions for completing application follow:

- Read each section of the RFA carefully, there are significant but subtle changes to those issued in the past.
- Verify that you have responded specifically to the information requested in each section.
- Organize your application in the order of the information requested within Part V of the RFA (Application Content, Sequence, and Scoring).
- Reviewers value brevity. Provide concise and consistent information. Use subsection titles, bullets, and appropriately labeled tables to display information.
- Indicate source(s) of information or data when necessary. The use of footnotes for this purpose is encouraged.
- All sections of the application should make sense and be "tied" together.
- **If an item or topic is addressed in one section of the application**, **it is not necessary to repeat that information in future sections.** The applicant should simply reference the previous section of the application.
- Each section should begin on a separate sheet of paper and should be clearly identified.
- Have an individual unfamiliar with the application review the document and provide feedback.

PART V: APPLICATION CONTENT, SEQUENCE, AND SCORING

1. Application Checklist
Page limits for this section: N/A
Scoring for this section: N/A

This form will be provided to ensure all pieces of your application are included with your submission. You need to complete this form and include it as the first page of your application. *You will receive this document once your Letter of Intent is received.*

2. Application Cover Page (mandatory for all applicants).
Page limits for this section: N/A
Scoring for this section: N/A

Instructions for Completing Cover Page

The Executive/Project Director and another individual (preferably the Board President or Chair) who has the authority to commit the agency to contract for the proposed project/services must sign the Cover Page, in blue ink. **Additionally, indicate the program's religious status by checking the appropriate box. SAPTA will not determine status for the program.** *You will receive this document once your Letter of Intent is received.*

3. Application Summary Form (mandatory for all applicants).
Page limits for the section: N/A
Scoring for this section: Up to 10 points

Instructions for Completing the Application Summary

Enter the amount of Agency funds you are requesting for **each** of the categories of service in the "Total Funding Request" column. This amount should be all Agency funds you are requesting for this level/type of service for **all** of your service locations. *You will receive this form once your Letter of Intent is received.*

In the "Number of Clients to be Served" column on the Application Summary, indicate the projected number of individuals to be served in each category. Note: A single client can be listed multiple times on the "Category of Service" lines in this column. However, the **"Total Clients Served" must be an unduplicated figure**. For example, a single client may participate in the outpatient program, the intensive outpatient program, and the transitional housing program in a one-year period. This client would be included in the "Number of Clients to be Served" row for each of the categories. However, this client will only be included once in the "Total Clients Served" row. In most instances, the "Total Clients Served" figure will be less than the total of the various rows in the "Number of Clients to be Served" column.

In the "Number of Units to be Provided" column on the Application Summary indicate the total number of service units you plan to provide for each client at all locations. This figure represents the annual service units per year that you are projecting to provide in this level of care. The total number of service units is an important accountability measure.

Total the funding requests for all categories of service on the Application Summary and enter this sum in the space labeled **Total Funds.** This figure must be the same figure as included in the following:

- The **Total Request** line of the Budget Request and Justification, and
- The **Grand Total** in the Budget Summary.

The service description for each unit of service is described in the Division Criteria for Programs Treating Substance Related Disorders. The levels of service identified on the Application Summary will be tracked by SAPTA staff in NHIPPS when the grant period begins.

Applicants must provide SAPTA with information regarding the organization's ability and total capacity to provide substance abuse treatment services regardless of its referral or funding sources. The objective is to provide SAPTA and reviewers with the organization's full ability to provide direct services, regardless of its funding sources, for individuals requesting substance abuse treatment. For example, if your organization's total capacity is 1,000 clients in outpatient and your funding sources are SAPTA and two other sources, you will put as your capacity 1,000 clients even if you only propose to treat 600 clients in your scope of work and funding request from SAPTA.

Please be sure that your application is internally consistent and that the values presented here are the same as in other sections of the application. The total SAPTA Request must equal the Total Request indicated on both the Budget Summary and the Budget Request forms.

4. Detailed Level of Service Form (Scope of Work)
Page limits for this section: N/A
Scoring for this section: up to 10 points (Total)

This form is site-specific for each location and the services provided. Total of all sites must equal the total on the Application Summary form. *You will receive these forms once your Letter of Intent is received.*

This RFA requires that a scope of work be developed for each location of service which identifies the number of clients to be seen and the quantity of services to be provided at each level of service for which funding is sought. Please be sure to identify which locations are to be served in the appropriate narrative section of the application. This data creates the scope of work of the subgrant and funded programs will be expected to meet these goals. Applicants should carefully consider the number of clients to be served and the quantity and type of services to be provided when specifying these goals.

For example, an applicant may specify Agency funding of an Adult Level I service providing at least 1,280 units of outpatient group services and 320 units of outpatient individual services to 100 clients as a goal. If an applicant's performance fails to attain stated goals, this will indicate underutilization. SAPTA reserves the right to de-obligate funding to underutilized applicants and reallocate it to programs over-utilized as shown by having surpassed their scopes of work. However, this would only occur after technical assistance has been made available. **Remember, the detailed level of service is for individual treatment sites.**

5. Need for Services (narrative, mandatory for all applicants).
Space limits for this section: Three pages.
Scoring for this section: Up to 20 points.

Applicants should include a brief assessment of the need for the proposed services in the local community. Materials presented in this section should include information on waiting lists, formal needs assessment documents, and/or information from other sources (e.g., local coalitions, state produced documents, relevant national statistics). The need for the proposed services based on the requirements of each of the funding sources should also be considered when responding to this section. Gaps in service or in the continuum of care may also be addressed in this section. The lack of adequate documentation will negatively impact the applicant's chances at funding. Please remember to cite sources, etc.

6. Relevant Experience or Past Performance (narrative, mandatory for all applicants).
Page limits for this section: Two pages, plus one page attachment.
Scoring for this section: Up to 10 points.

Applicants should develop a summary that presents the applicant's experience with alcohol and other drug abuse treatment projects, and the applicant's mission and history. This section should inform the reviewers of the applicant's past experience managing substance abuse treatment projects and justify why the organization is capable of providing the services proposed in the application. Applicants currently funded by SAPTA should include a narrative summary of the status of any conditions of award specific to their organizations that are included in their treatment subgrants for the current year and summarize the progress in meeting their current year scope of work.

<u>Attach your Board of Directors membership list including officers and the length of time in office.</u>

As appropriate, identify any licensure or accreditation the organization has in addition to SAPTA certification. If the program is proposing to provide residential substance abuse treatment that includes social model detoxification or modified medical detoxification services and/or methadone

maintenance services and is not currently licensed/certified by the State Health Division, Bureau of Licensure and Certification, the applicant must summarize its progress in meeting these requirements. If the applicant provides drug-testing services on site, a brief discussion regarding laboratory licensure/certification must be included.

7. Clinical Staff and Supervision Procedures (narrative, mandatory for all applicants).
Page limits for this section: Two pages, plus attach program's policy and procedures
Scoring for this section: Up to 20 points.

Applicants will be required to submit an overview of clinical supervision policies and procedures, including documentation methods for supervision with their application. Attach current policies and procedures.

8. Treatment Processes and Utilization Management Criteria
(narrative, mandatory for all applicants).
Page limits for this section: Five pages. Walk-through document not included in page total, please attach as necessary.
Scoring for this section: Up to 35 points.

Applicants must provide information regarding how many clients will be seen as a result of SAPTA funding and the quantity and type of services provided. NAC 458.274 and NAC 458.359 require all Agency approved programs to utilize the Division Criteria for Programs Treating Substance Related Disorders.

Describe how your program does the following:

- Completes client assessments using the standardized instrument-Addiction Severity Index-Lite to determine the client treatment needs. Adolescent or COD assessment instruments should be described for programs providing services to this population.
- Describe how the Division Criteria is utilized in the placement of a client, both at intake and during the treatment process.
- Applicants should describe how the clinical staff utilizes assessment criteria, continuing care criteria, and discharge and length of care criteria over the course of treatment for a client. Descriptions should be consistent with Division criteria for levels of service.
- How your program develops and documents a minimum of a 90-day continuum of substance abuse treatment services that are provided in-house or through collaboration with other treatment programs or recovery support services.

Evidence-Based Practices: Applicants should describe their understanding of the requirement. Describe your program's current evidence-based treatment approaches and strategies (MET, CBT, ACT, and CYT, etc) and progress. Describe the number of hours of face-to-face services a typical client may receive; include type of service, topics, and schedules. Provide sufficient detail to support how your services fit the population for which you are requesting funds. Identify the specific staff-to-client ratio. Describe how treatment needs are matched with treatment interventions. Describe how evidence-based practices are employed by your organization and the various clinical teams throughout the individual's treatment episode.

Include in the narrative information about the following:

- Implementing evidence-based practices and maintaining fidelity
- Data collection instruments and treatment outcome measures (NHIPPS)

- Case management
- Organizational change
- Certification/compliance monitoring
- Business improvement practices

The applicant needs to describe how it intends to comply with SAPTA when monitored for the state and federal outcome measures. This should include an understanding that the outcomes mirror the National Outcome Measures (NOMs) and may periodically require revision.

Recovery Oriented Systems of Care: Applicants should include a description of continuing care system for clients. Continued/comprehensive care is a multi-step process offering assistance in accessing housing, childcare, employment, etc.

- Describe working relationships with, at a minimum: other substance abuse providers, especially those providing levels of service not provided by the applicant; health/medical providers; access to medications, including those for mental health conditions, social services, mental health assessments and services, vocational training, criminal justice systems interaction, and welfare services.
- Discuss how services are coordinated for those in treatment receiving methadone maintenance.
- Describe how the program documents referral activities and demonstrates effectiveness.
- Discuss how clients move between these systems and describe how services are provided on site versus by referrals.
- Describe how you know that referrals work.
- Be specific on how the program will engage the client for the total duration of time required to stabilize recovery living.
- Discuss clinical methods to increase client engagement and view a treatment episode as a minimum of 90 days provided entirely by your program or through referrals to appropriate levels of care.
- Co-occurring disorder treatment must be provided with both diagnoses as primary. Treatment can be provided by appropriate staff in-house and addressed through a comprehensive treatment plan.

9. Client's Ability to Pay, Cost of Services, Third Party Liability, Provider of last resort (narrative, mandatory for all applicants).

Page limits for this section: Four pages of narrative. Fee Scale Policies and worksheets not included in page total, please attach as necessary.
Scoring for this section: Up to 15 points.

Access and Availability: How a client is engaged and motivated is a critical element to achieving long-term recovery. Potential clients can be lost if treatment is not immediately available or clients are not appropriately engaged. Programs **must** make services available independent of the client's ability to pay if the cost of clinical services would impose a hardship upon the client or the client's family. If a person is capable of paying for all of the cost of clinical services without it being a hardship, there is no need for public funds to pay for any portion of his or her treatment. **Funding is to be used for Nevada residents only.**

Whether paying the full cost of clinical services would or would not impose a fiscal hardship is defined by the sliding fee schedule and protocol that each funded program must submit to SAPTA

for approval. If a person qualifies for a reduction in fees according to the program's sliding fee schedule, clinical services must be provided at a reduced rate. The client generally bears a share of the cost of services, but there **cannot be any financial barriers** to the client's access to clinical services such as requiring pre-payment prior to access. Returning clients cannot be refused treatment based on financial issues. Such barriers violate federal requirements for receipt of Block Grant funding and defeat the purpose of SAPTA providing funding for clinical services.

If an applicant organization requests and accepts funding from SAPTA, all clients of the agency benefit from SAPTA funding. As such, **all** clients seeking treatment in levels of service certified by SAPTA should be assessed for their ability to pay for the services utilizing the approved sliding fee scale.

Applicants **must** submit their sliding fee scale policy, fee schedule, and worksheets, and be in compliance with SAPTA's Sliding Fee Scale policy and policy criteria regardless of previous approval status. **Applicants must include the cost and the fees of providing an individual unit of service for each category of service for which funding is being requested and must include a description of how such cost rates were computed.** Applicants may not request that clients make a deposit towards anticipated treatment costs if this causes a financial hardship or serves as a barrier to treatment.

Those applicants handling client food stamps, Temporary Assistance for Needy Families (TANF) benefits, welfare benefits, etc. must identify how the organization handles such items. The description should include internal control such as accounting procedures and a description of how the items are used. SAPTA recognizes that many applicants have such policies in place and that new approval by the Agency is necessary at this time.

Each applicant must provide a narrative about 3rd party liability collection. The narrative must include the most frequently billed insurance companies; success rates of collection; and, with what agencies they have billing arrangements. If the applicant has none, provide a business plan describing how this requirement will be met and when.

10. Program Effectiveness (narrative, mandatory for all applicants).
Page limits for this section: Two pages.
Scoring for this section: Up to 15 points.

Outcome Measures: Determining treatment effectiveness is a complex endeavor that hinges on the interplay of factors that include, but are not limited to, client, organization, and environment. Describe your organizational infrastructure for an evaluation process. Describe what data is collected and how it is interpreted and used to improve treatment systems. Please be sure to include the data referred to with appropriate documentation of its source(s). Describe the expertise of staff and/or consultants to gather and interpret data. This section may also be used to describe previous evaluation activities of the applicant and to identify the agencies plans to implement a quality management or quality improvement system.

Verify that state and federal funds are being used to purchase services that achieve state and National Outcome Measures (NOM's): SAPTA is mandated to report progress in meeting the NOMs when applying for federal Block Grant funds. In addition, SAPTA has adopted performance indicators that will be reported to the state. Submission of such information will be a requirement of funding for all subgrantees. Please refer to the NOM's provided as Attachment K.

11. Funding Map Worksheet Form (mandatory for all applicants).
Page limits for this section: N/A
Scoring for this section: Up to 10 points

Applicants are required to supply information related to the total revenue of the organization. Regardless of its source, applicants are required to provide the funding sources and the dollar amounts. *You will receive this form once your Letter of Intent is received.*

The time period reflected on this form should be that of the last completed fiscal year of the agency, which should be included and identified on the form (e.g., July 2007-June 2008, January 2007-December 2007). If your parent organization's primary mission is something other than providing alcohol and other drug abuse treatment services, you may submit a revenue statement that reflects the operation of the substance abuse treatment program. For example, if you represent a state or county agency, do not submit the total state or county budget. This information must be consistent with the information contained in your most recent audit, unless your last audit is more than 18 months old. Please remember that SAPTA maintains copies of audits from organizations that have been previously funded. In order to confirm information submitted, organizations that have not been funded in the past year will be required to submit a copy of their most recent audit (A-133 or Single Scope). SAPTA will request these documents as needed. Failure to respond to all requests for financial information will automatically disqualify the applicant.

Funding Map Instructions

The purpose of a funding map is to show the relationship between an organization's revenue sources and anticipated expenditures for a given period, such as a fiscal year. A properly made funding map will demonstrate exactly how the organization's revenues cover its expenses. SAPTA is requesting that you submit your funding map with your application.

For the purposes of this discussion, the assumption is that the organization is a substance abuse treatment or prevention program that is partly funded by SAPTA grant awards and partly funded by other sources of revenue.

1. There should be a separate column for each revenue source, plus a TOTAL column on the right. Label each column with the name of the revenue source. Please be as specific as you can. For example, instead of "Other State Agency" please give the name of the agency. Instead of "Contract", please show the entity that your organization has been contracted by. Instead of "City or County Funds" please show the name of the city or county and the grant or program name. Use an additional sheet if you have more than ten (10) sources. **If your organization receives funding from federal sources, the Catalog of Federal Domestic Assistance (CFDA) number must be provided (e.g., SAPT BG = 93.959).**
2. The first row should contain the anticipated revenues from each of the revenue sources, with a total on the right.
3. Rows 2 through 7 should be labeled with the expense categories used in SAPTA subgrant agreements: Personnel, Consultants, Travel, Training, Operating, and Other.
4. For each of the expense category rows, enter the amount in each column that was paid from that column's funding source. (As you do this, make sure you take into account any restrictions that any of the funding sources may have on the use of their funds.) Make sure that the total at the right of each row equals the total expense for that category. For example, suppose your total Personnel expense was $100,000 and half of it was supported by SAPTA

funding, 20% to be covered by Client Fees, and the remainder to be covered by Health Insurance. In the Personnel row, you would enter $50,000 in the column headed "SAPTA Grant"; $20,000 in the column headed "Client Fees"; and $30,000 in the column headed "Health Insurance". The total on the right would be $100,000. Do this for each of the expense rows.

5. Row 8 should contain the totals of Rows 2 through 7 in each column. Each of the totals in Row 8 represents the total expense that was covered by each of the funding sources. Each total in Row 8 must match the corresponding figure in Row 1, which is the expected revenue. The Grand Total expense at the right end of Row 8 must match the Total Revenue at the right end of Row 1.

12. Budget Summary, Budget Request and Justification Forms (mandatory for all applicants).
Page limits for this section: N/A
Scoring for this section: Up to 20 points.

The Total SAPTA Request on the Application Summary form must be the same figure as indicated as the total on the Budget Summary and the Total Request line of the Budget Request and Justification forms. The budget justification sections are included as part of the Budget Request and Justification form and should include brief detail about the items requested within the budget portion of the form. *You will receive these forms once your Letter of Intent is received.*

Instructions for Completing Budget Pages, Part I: Budget Summary Form

The Budget Summary will be completed after you have completed the Budget Request and Justification form. The subtotal of each category should be transferred to the "Total Request" column on the Budget Summary form. The "Total Request" amount must be the same total of the request of each category in the funding source area. The total of all of the funding sources must equal the Total Request on the Budget Request and Justification form.

The figure for the Personnel section is comprised of the budget breakdown sections titled Staff Salaries, Payroll Taxes and Fringe Benefits. Consultant/Contract Services is a separate category and not considered as personnel.

The "Number of Clients to be Served" section must be related to the "Number of Clients to be Served" column and row of the Application Summary form.

Instructions for Completing Budget Pages, Part II: Budget Request and Justification Form

INFORMATION PROVIDED ON OUT-DATED FORMS WILL NOT BE ACCEPTED. The current forms will be available at the Bidder's Conference and electronically.

Handwritten forms will not be accepted. Estimate all costs to the nearest dollar. A single budget is to be completed and include information related to all requested funding. The budget form contains space for the budget justification. This justification should include the details of how the amounts presented in the budget were determined. Specific instructions for completing each section of the budget are included on the budget pages.

Budget Categories:

- Personnel
  - Staff Salaries
    In the personnel section, it is not necessary to identify individuals, but do specify positions. The information required is the number of full time equivalency (FTE) positions that the applicant is requesting for each personnel classification of the applicant. One FTE equals 40 hours per week. The amount that is to be placed in the "Request" column is calculated by multiplying the Annual Salary per FTE by the No. of FTEs. For example, if the Annual Salary per FTE is $10,000 and the No. of FTEs is .75, the amount that will go into the "Request" column is $7,500 ($10,000 x .75). Please provide a brief description of each position and how it applies to the program and services being provided.
  - Payroll Taxes and Fringe Benefits
    The most common types of taxes and benefits have been provided for you, additional taxes and benefits can be added as needed. Please indicate the total salary that is subject to each tax and the tax rate in the necessary columns. The tax and/or benefit is automatically calculated within the "Request" column.
    Please note: The # of FTEs for Group Insurance must be proportionate to the # of FTEs within Salaries and Wages.

- Consultants/Contracts
  Criteria for Differentiating Independent Contractors from Employees:
  The criteria for determining whether a person is an employee or independent contractor have been largely established by the courts and depend on the amount and type of control the hiring party has over the agent hired. An independent contractor is hired by the employer to do a specific job, but is not controlled with respect to physical conduct or details of work performance. With an independent contractor, the employer has the right to control the results of the work, but not how the work gets done. Whether a person is an employee or independent contractor cannot be determined by a single criterion or set of criteria. The total situation must be evaluated to assess the amount of control the employer exercises. Factors that can lead to a determination that the agent is an employee rather than an independent contractor may include:
  1. The employer instructs, trains, or supervises the agent in conduct of the work.
  2. The agent works at the employer's place of business.
  3. The employer provides the agent's equipment and tools of the trade.
  4. The employer pays the agent a salary or by the hour rather than by the job.
  5. The agent has no business expenses other than those paid by the employer.
  6. The agent does not incur a business profit or loss other than compensation offered by the employer.
  7. The agent does not have a distinct occupation or profession, but performs the regular duties that would ordinarily be performed by an employee of the firm.
  8. The duties required of the agent do not involve a high level of knowledge or skill so could be performed by many others who could easily be hired as an employee of the firm.
  9. The agent is not free to take work or enter contracts with other employers.
  10. There is no specified period of time for completion of the job.

Determine whether or not the person qualifies as being a consultant/independent contractor if using this category. If they do not meet the criteria, use the personnel category.

If requesting funding for consultants, please list the consultant(s) by name and identify the services being provided. Consultants/Contract items are all-inclusive. This means there should not be other expenses listed within the budget for consultants/contracts, for example, travel**. A copy of the contract, or proposed contract, is required for all persons listed within this category.** Do not include the cost for an A-133 in this category. Use the "Other" category for this type of expense.

- Travel

  This is for staff travel related to program activities. The allowable amounts follow the US General Services Administration (GSA) per diem rates when traveling in-state and out-of-state on program business. However, State policy will supersede the GSA website in specific areas.

  The following is a quick reference on the changes to the State Administrative Manual including State policy:

  1. Effective July 01, 2007, all State employees are required to use the GSA per diem rates for in-state and out-of-state travel. The website address is www.gsa.gov and click on "Per Diem Rates" for the most current rates and information. Rates do vary by season; therefore rates should be verified prior to all travel.
  2. Meals will be reimbursed in accordance with the meals and incidental expense (M&IE) allowance for the primary destination. Receipts are not required for M&IE.
  3. Staff must deduct the M&IE allowance for all meals that are included in registration or conference fees. The breakdown for the M&IE can be found on the GSA website under "Meals and Incidental Expense Breakdown".
  4. Receipts will be required for all lodging. The maximum allowance for lodging is the amount the staff are eligible to be reimbursed; therefore, all taxes and fees are included in the maximum lodging allowance.
  5. If the GSA website does not recognize the county in which the staff is traveling, the rate defaults to the standard CONUS location reimbursement. These rates may vary, please verify all rates prior to staff travel.
  6. A copy of the current GSA allowance for lodging and M&IE must be included with the staff travel claim.

  Per mile cost should not exceed the state rates, which is currently $.585. The traveler must be at least 50 miles from their duty station in order to claim per diem. Show the basis of computation (i.e., cost per night for lodging x number of nights = total lodging expense). Provide the purpose of travel and complete the columns for mileage, mileage rate, per diem, and other using the appropriate rates. The "Request" column is automatically calculated based on the input into the previous columns. Remember, travel required for Training does not go in the Travel category including, but not limited to, per diem and lodging.

- Training

  For each training provide the name of the proposed training, place, purpose, and number of people you want to attend the training. Also provide the itemized calculations used to determine the figure(s) in the "Request" column (i.e., registration, airfare, per diem, mileage,

etc.). The Traveler must be at least 50 miles away from their duty station in order to claim per diem. The training category is used for personnel training only. It is not used for program training materials. That type of expense is placed under the "Operating" category.

- Operating
  This category is used for items necessary for the operation of the program. For building lease/rent include the number of square feet and the amount per square feet being utilized to operate the program. **Provide a copy of the lease/rental agreement with the application/budget information.** Please provide calculations for all other items listed, broken out by number of months. For example: Utilities: Gas at $50/month x 12 months = $600; Power at $100/month x 12 months = $1,200, etc. The amount in the "Request" column should be supported in the information that you provide. If not, the application could be delayed. In addition, if an applicant requires a Limited Scope Audit on Agreed upon Procedures, the expenses and calculations will go into the Operating category. A-133 audits go in the Other category.

NOTE: Funding is not permitted to make equipment purchases over $999.99

- Other
  This category is used only for an A-133 Audit. Remember, Limited Scope Audit expenses and calculations go in the Operating category.

NOTE: If an applicant's expenditure of federal funds (from all sources) equals or exceeds $500,000, the applicant is required to complete an A-133 audit. If the agency is federally funded from more than one source, SAPTA will support the portion of the audit costs equal to its share of the federal funding and will only reimburse that portion of the audit costs equal to its share of the program's total funding, up to a maximum of 5% of the SAPTA award. Please provide the calculation within the justification area of budget form. Also, for organizations not qualifying for an A-133 audit, a Limited Scope Audit on Agreed Upon Procedures is required. Limited Scope Audits on Agreed Upon Procedures should cover the financial and programmatic (scope of work) aspects of a program, as contained in the Notice of Subgrant Award.

Additional information about provider audit requirements is provided as Attachment L.

PLEASE REMEMBER: The amount that is provided in the "Request" column should be supported by the information provided. If not, your application could be delayed.

All questions or inquiries related to this RFA may be submitted in writing and addressed to Layne Wilhelm. You may e-mail them to Layne Wilhelm at lwilhelm@sapta.nv.gov

SECTIONS 13 – 16: General Guidelines. Applicants are asked to describe compliance with state and federal requirements only once for their specific population(s) (e.g., adult and/or adolescents). In those circumstances when more than one funding source is being requested for serving various populations, you would not repeat the information. Simply refer the reader to the location in your application that presents the information.

13. <u>Adult services using</u> SAPT Federal Block Grant and/or State General Funds – All applicants applying to serve this population are required to complete this section.
Page limits for this section: Unique Treatment Features/<u>Discussion of Compliance with Funding Requirements and Restrictions</u> – Four Pages.
Scoring for this section: Up to 25 points.

Describe what organizational protocols and procedures are implemented to comply with specific requirements (Part III - A). For example, how is your staff screening clients to increase access and availability to treatment? How do they identify priority admissions? What case management practices does staff use to ensure coordination of treatment services within the community?

14. <u>Adolescent</u> - SAPT Federal Block Grant and/or State General Funds – All applicants applying to serve this population are required to complete this section.
Page limits for this section: Unique Treatment Features/<u>Discussion of Compliance with Funding Requirements and Restrictions</u> – Four Pages.
Scoring for this section: Up to 25 points.

Describe what organizational protocols and procedures are implemented to comply with specific requirements (Part III – A and C). For example, how is your staff screening clients to increase access and engagement to treatment? What staff training and qualification was obtained to provide adolescent services? What Family Therapy is provided to include family or identified support systems in adolescent treatment.

15. <u>Pregnant Women and Women with Dependent Children</u> Set-aside - SAPT Federal Block Grant – Set-aside Funding for includes women in treatment who are attempting to regain custody of their children (narrative, only applicants applying to serve this population are required to complete this section).
Page limits for this section: Unique Treatment Features/Discussion of Compliance with Funding Requirements and Restrictions – Four pages.
Scoring for this section: Up to 25 points.

Describe what organizational protocols and procedures are implemented to comply with specific requirements (Part III - B). For example, describe gender-specific substance abuse treatment. Include what services are included to address connecting factors (e.g., trauma, prenatal and medical care, child care, transportation, etc.) and meet set-asides requirements.

16. <u>Civil Protective Custody and Detoxification Services</u> - State of Nevada Liquor Tax Funds (narrative, only applicants applying to serve this population are required to complete this section). Civil Protective Custody and Detoxification services only. <u>Client engagement rate of 40% of Continued Care is required to maintain funding.</u>
Page limits for this section: Unique Treatment Features/Discussion of Compliance with Funding Requirements and Restrictions – Two Pages.
Scoring for this section: Up to 25 points (Part III - D).

17. <u>Wait List Reduction Funding</u> – State General Funds - All applicants applying to serve this population are required to complete this section.

Page limits for this section: Unique Treatment Features/<u>Discussion of Compliance with Funding Requirements and Restrictions</u> – Four Pages.

Scoring for this section: Up to 25 points

Describe the use of this funding to address the five SAPTA Waiting List priorities:

- Reduce the number of clients on a wait list and the length of time clients are on the waiting lists.
- Increase admissions to treatment by actively engaging the client during their time on the wait list.
- Reduce no-shows for screening, assessment and admission by maintaining contact with the clients on the wait list.
- Increase continuation of treatment and completion by actively engaging the client from first contact through screening, admission and treatment towards recovery support within the community.
- Demonstrate a more efficient use of a program's capacity and develop strategies for improving treatment access and retention.

18. Attachments to Applications

The only items to be included as attachments to your application are those items specifically identified in this RFA and listed below. Please include the following attachments in the order listed below:

1. If you are required to obtain an A-133 audit, attach the management letter, or cover letter of your most recent independent audit. If the applicant receives funding, a copy of the most recently completed audit will be due to SAPTA prior to July 01, 2009.
2. If not currently on file with SAPTA, attach a copy of the organization's Internal Revenue Service letter documenting 501(c)(3) status.

PART VI: ATTACHMENTS TO THE RFA

A. Obtaining a DUNS Number
B. Program Operating and Access Standards (POAS)
C. Co-Occurring Disorder Enhanced Levels of Service
D. Walk-Through Recording Template
E. TeleCare Guidelines
F. Glossary of Terms
G. Federal Uniform Waiting List Requirements
H. SAPTA Sliding Fee Scale Policy and Federal Poverty Guidelines
I. Division Criteria for Programs Treating Substance Related Disorders
J. Letter of Intent
K. National Outcome Measures (NOMs)
L. Provider Audit Requirements
M. Federal Funding Accountability and Transparency Act

The following forms will be provided to applicants submitting a Letter of Intent:

- Application Checklist
- Format for Application Cover Page
- Application Summary
- Detailed Level of Service
- Funding Map
- Budget Summary, Budget Request and Justification

Forms can be received electronically by contacting Kirk Hawkins at (775) 684-4189.

ATTACHMENT A

OBTAINING A DUNS NUMBER A GUIDE FOR FEDERAL GRANT AND COOPERATIVE AGREEMENT APPLICANTS

The Federal government requires that all applicants for Federal grants and cooperative agreements with the exception of individuals other than sole proprietors have a Data Universal Number System (DUNS) number. (See policy at: http://www.omb.gov/grants/grants_docs). The Federal government will use the DUNS number to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

Data Universal Number System Number

- The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by Dun and Bradstreet (D&B).
- The DUNS Number is site-specific. Therefore, each distinct physical location of an entity (such as branches, divisions, and headquarters) may be assigned a DUNS number. Organizations should try and keep DUNS numbers to a minimum. In many instances, a central DUNS number with a DUNS number for each major division/department/agency that applies for a grant may be sufficient.
- In order to provide on-the-spot DUNS number assignment, the requestor should do this by telephone. (See telephone number below.)

Obtaining a DUNS Number

- You should verify that you have a DUNS number or take the steps needed to obtain one as soon as possible, if there is a possibility you will be applying for future Federal grants or cooperative agreements. There is no need to wait until you are submitting a particular application.
- *If you already have a DUNS number*. If you, as the entity applying for a Federal grant or cooperative agreement, previously obtained a DUNS number in connection with the Federal acquisition process or requested or had one assigned to you for another purpose, you should use that number on all of your applications. It is not necessary to request another DUNS number from D&B. You may request D&B to supply a family-tree report of the DUNS numbers associated with your organization. Organizations should work with D&B to ensure the right information is on the report. Organizations should not establish new numbers, but use existing numbers and update/validate the information associated with the number.
- *If you are not sure if you have a DUNS number*. Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will tell you if you already have a number. If you do not have a DUNS number, D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.
- *If you know you do not have a DUNS number*. Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.

Managing Your DUNS Number

- D&B periodically contacts organizations with DUNS numbers to verify that their information is current. Organizations with multiple DUNS numbers may request a free family tree listing from D&B to help determine what branches/divisions have numbers and whether the information is current. Please call the dedicated toll-free DUNS Number request line at **1-866-705-5711** to request your family tree.
- D&B recommends that organizations with multiple DUNS numbers have a single point of contact for controlling DUNS number requests to ensure that the appropriate branches/divisions have DUNS numbers for Federal purposes.
- As a result of obtaining a DUNS number you have the option to be included on D&B's marketing list that is sold to other companies. If you do not want your name/organization included on this marketing list, request to be de-listed from D&B's marketing file when you are speaking with a D&B representative during your DUNS number telephone application.

Obtaining a DUNS number is absolutely **Free** for all entities doing business with the Federal government. This includes grant and cooperative agreement applicants/prospective applicants and Federal contractors. Be certain that you identify yourself as a Federal grant applicant/prospective applicant.

To Obtain Your DUNS Number

- Please call the dedicated toll-free DUNS Number request line for Federal grant and cooperative agreement applicants or prospective grant applicants at: **1-866-705-5711**

The number is staffed from 8:00 a.m. to 6:00 p.m. (local time of the caller when calling from within the continental United States). Calls placed to the above number outside of those hours will receive a recorded message requesting the caller to call back between the operating hours.

- The process to request number takes about 5-10 minutes.
- A DUNS number will be assigned at the conclusion of the call.

You will need to provide the following information:

- Legal Name
- Headquarters name and address for your organization
- Doing business as (DBA) or other name by which your organization is commonly known or recognized
- Physical Address, City, State and Zip Code
- Mailing Address(is separate from Headquarters and/or physical address)
- Telephone Number
- Contact Name and Title
- Number of Employees at your physical location

ATTACHMENT B

Department of Health and Human Services
Division of Mental Health and Developmental Services
The Substance Abuse Prevention and Treatment Agency

SUBSTANCE ABUSE TREATMENT PROGRAM OPERATING AND ACCESS STANDARDS

To meet federal and state requirements and establish a plan of action to guide the Agency in program implementation, the Division of Mental Health and Developmental Services (MHDS), Substance Abuse Prevention and Treatment Agency (SAPTA) presents the Treatment Operating and Access Standards (POAS) for the fiscal years of 2007 – 2012.

The initial Program Operating and Access Standards (POAS) were developed by the BADA Operating and Access Standards Subcommittee and approved by the Advisory Committee in March of 2001 It is intended to promote effective and efficient substance abuse treatment throughout Nevada and to ensure enhanced integration of delivery systems to treat substance abuse clients. This document contains a set of standards that will encourage Nevada substance abuse treatment providers to fully implement the federal State Outcome Measures (SOMs), to adopt the National Academy of Sciences' Institute of Medicine (IOM) ten rules to redesign health care; and to further strengthen providers' capacity to offer client-centered treatment.

The document has addressed each of the five categories described in the original Program Operating and Access Standard documents and is developed to guide treatment standards for FY 2007 – FY 2012. The five main categories remaining constant are:

- Increase Access to Treatment
- Improve Service Efficiency
- Improve Quality of Care
- Improve Care Coordination
- Improve Outcome Measurement

VISION INTO ACTION (VIA)

Moving from one year to another may seem insurmountable without a specific plan to follow from the July 2007 funding cycle through 2012. All SAPTA-certified and funded programs are encouraged to develop such plans. As of July 2009, SAPTA programs must be in compliance with each item listed in the previously published POAS. The following activities are scheduled to move Nevada substance abuse providers from this funding cycle to the next:

- Center for the Application of Substance Abuse Technologies (CASAT), trainings and workshops to fully implement Evidence-based practices and strategies.
- SAPTA providers will be in full compliance in using the Nevada Health Information Provider Performance System (NHIPPS) that will standardize screening, assessment, and evaluations to integrate treatment for all populations.
- Improving and strengthening treatment systems through on-going certification and monitoring activities.

- Formalizing community relationships with social, law enforcements, and welfare agencies with shared continuity of purpose and design and consistent treatment plans.
- Utilize outreach intervention strategies to reduce stigma, change attitudes, and increase public awareness and acceptance of addiction as a disease.
- Recognizing the benefits of Recovery Informed/Evidence-based Treatment Practices.

SECTION III: FY 2007 – 2012

A. ACCESS TO TREATMENT – SAPTA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Availability:

- The substance abuse treatment delivery system should not waste resources or client's time. Treatment on Demand should be a part of providers' protocols.
- Client care should be made available 24 hours a day and not just in face-to-face- visits.
- Reduce time between client program screening, assessment and admission.
- Providers remove language barriers to treatment and work towards services for special populations, including, but not limited to, the hearing impaired and Spanish speaking clients
- Expand geographic access through telecommunications.
- Client care should be equitable to all Nevada citizens and offered regardless of ability to pay.

Assessment: *Upon Admission:*

- A standard is used and met when documenting all client treatment activities including assessment, diagnosis, treatment planning, referrals and continued care.
- Programs should be working with clinicians and institutions and actively share information to ensure appropriate coordination of care.
- Providers of services to high-risk populations should use valid, age appropriate and culturally appropriate techniques to screen all entrants into their systems to detect substance abuse problems and illnesses.

B. IMPROVE SERVICE EFFICIENCY – SAPTA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Treatment:

- Be client centered, integrated systems should anticipate client needs.
- Providers are committed to treat all stages of substance abuse recovery, including relapse.
- Utilizes evidence-based treatment strategies and practices; care should not vary illogically from clinician to clinician or from place to place.
- Provides therapeutic recreational interventions.
- Providers should design systems of care that meet the most common types of needs, but have the capability to respond to individual client choices and preferences.

Pharmacology:

- The provider has ready access to a physician with training in addictions.
- The provider has knowledge of medication therapy appropriate to the population served and uses evidence-based medical and behavioral treatment interventions.
- Clients should have unfettered access to their own medical information and to clinical knowledge.

Treatment Planning:

- Ensures regular multidisciplinary team reviews of the treatment service plans developed between counselors and clients and provides supervisory guidance as determine by a certification guidelines.
- Provides Family Based Treatment interventions to when working with adolescents and women with children.
- The client should be the source of control and be given the necessary information and opportunity to make decisions over health care choices that affect them.
- Care should be client-centered and responsive to client preferences.

C. QUALITY OF CARE – SAPTA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Workforce Development:

- Clinical personnel are qualified in their respective disciplines by education, training, supervised experience, and current competencies for licensed independent practice or the equivalent.
- Clinical supervision is required and documentation is available for review.
- A standard is used and met when documenting all client treatment activities including screening, assessment, diagnosis, treatment planning and continued care.
- The providers have a continuous quality improvement plan and document its implementation.

D. CARE COORDINATION – SAPTA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Clinical Case Management:

The organization addresses environmental and other factors that may affect the outcome of service.

- The client should be the source of control and be given the necessary information and opportunities to make decisions over health care choices that affect them.
- Provides assistance, either directly or by referral with work-related problems of employed persons who are in the process of recovery.
- Provides on-site education services for children or adolescents served.
- Integrated self-help and peer groups into treatment setting.
- Have support groups available for a variety of different support needs.
- Has a mechanism to provide follow-up and encourages re-engagement for clients who disengage from support groups, as this is often a sign that relapse prevention is needed.
- The provider has fulltime case management staff or makes arrangements with an existing one to assist clients with supportive resources.
- Have an efficient system that refers clients to services best suited for their needs.
- Improve service linkages between agencies serving the substance abuse client with a mental health condition.

E. IMPROVE OUTCOME MEASUREMENTS – SAPTA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

State Outcome Measures (SOMs):

- Participates in client follow-up studies and utilizes the NHIPPS web-based client treatment system.
- Each treatment episode is no less than 90 days in duration.
- Detoxification engage rates are 40% or greater.
- Decrease waiting list and enhance capacity through implementation of performance incentives and state outcome measures.
- Providers, state and local governments should reduce the emphasis on the grant-based systems of financing that currently dominate publicly funded treatment systems and should increase the use of funding mechanisms that link funds to measures of performance.

F. RECOVERY INFORMED TREATMENT – SAPTA-funded providers must be in full compliance with state and federal regulations and laws governing substance abuse treatment programs, e.g., NRS 458, 42 & 45 C.F.R., grant assurances, NAC 458, NAC 641, etc.

Community Support Services:

- Consumers determine their own path of recovery with their autonomy, independence, and control of resources.
- There are multiple pathways to recovery based on an individual's unique strengths as well as his or her needs, preferences, experiences, and cultural background.
- Consumers have the authority to participate in all decisions that will affect their lives, and they are educated and supported in this process.
- Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, social networks, employment, education, mental health and health care treatment, and family supports.
- Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.
- Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.
- Eliminating discrimination and stigma are crucial in achieving recovery. Self-acceptance and regaining belief in oneself are particularly vital.
- Consumers have a personal responsibility for their own self-care and journeys of recovery.
- Hope is the catalyst of the recovery process and provides the essential and motivating message of a positive future.

ATTACHMENT C

Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Services

DIVISION CRITERIA FOR PROGRAM TREATING SUBSTANCE RELATED DISORDERS CO-OCCURRING ENHANCED LEVELS OF SERVICE

July 2007

An enhanced service level endorsement requires the integration of substance abuse treatment and mental health services for persons with Co-Occurring Disorder (COD) as a major treatment initiative. Integrated treatment coordinates substance abuse and mental health interventions to treat the whole person more effectively; the term refers broadly to any mechanism by which treatment interventions for COD are combined within a primary treatment relationship or service setting. As such, integrated treatment reflects the longstanding concern within substance abuse treatment programs for treating the whole person, and recognizes the importance of ensuring that entry into any one system can provide access to all needed systems.

The concept of no wrong door treatment strategies allow those suffering from persistent mental illness and chronic substance abuse disorders to engage in seamless treatment for co-occurring issues. This principle serves to alert treatment providers that the healthcare delivery system, and each provider within it, has a responsibility to address the range of client needs wherever and whenever a client presents for care. At the center of care for the co-occurring diagnosed is the easy access to treatment regardless of the presenting problem, e.g., mental health, substance abuse, or traditional health care concerns.

The Division Criteria for the enhanced delivery of services employs a related system that classifies both substance abuse and mental health programs as advanced in terms of providing more integrated care. Services are delivered by psychiatric and mental health clinicians and addiction treatment professionals in a setting where all staff are cross-trained. Programs have relatively high ratios of staff to patients and provide close monitoring of clients who demonstrate psychiatric instability or disability. Enhanced programs have policies, procedures, assessment, treatment and discharge planning that accommodates clients with co-occurring disorders placement in levels of treatment.

Counselors will have advanced backgrounds and experience in COD components of treatment, including dual licensure, i.e. LADC/LCSW or MFT and knowledge of the effects and use of psychotropic medications. A multi-team approach is required, along with the utilization of family therapy and the implementation of evidence-based treatment practices for COD populations. A psychiatrist is available on site in acute settings and through coordination in all other settings. Access to a continuum of care including educational and employment, medical referrals, and addressing housing needs are essential in providing services. The ability to address, track and achieve the requested outcome measures including the national outcome measures (NOMS) is required for this endorsement, in addition to meeting the requirements for the initial substance abuse treatment level of service i.e. Level I and Level II.I./Outpatient and Intensive Outpatient.

Key points center on a continuum of care that can be easily and readily accessed multiple times. It is the driving principle of providers that any person entering mental health care, substance abuse treatment, or primary care should be screened and assessed for mental disorders and substance abuse and then provided appropriate treatment with both diagnosis addressed as primary. Treatment

providers are advised to view clients with COD and their treatment in the context of their culture, ethnicity, geographic area, socioeconomic status, gender, age, sexual orientation, religion, spirituality, and physical or cognitive disabilities. The provider especially needs to appreciate the distinctive ways in which a client's culture may view disease or disorder, including COD.

ATTACHMENT D

WALK-THROUGH RECORDING TEMPLATE

Use this template to record your experiences and observations from your walk-through exercise, as well as the suggestions that you've gathered from your staff.

Agency Name: Enter your agency's name here...

First Contact

Observations:	1. Did you get a busy signal, voice mail, an automated greeting, or did a live person answer the call? 2. Did the agency offer you an appointment on your first call? 3. How long did you wait for your first appointment? 4. Would you have to miss work to attend the appointment? 5. Would you have difficulty reaching the site without access to a car? 6. Does the agency offer transportation to the site if you don't have transportation?
Recommendations:	

First Appointment

Observations:	1. Was it easy to find the agency? 2. Were parking, directions, and signage adequate? 3. Did the site feel pleasant and welcoming or cold and harsh? 4. Were you welcomed to the agency in an open and friendly manner?
Recommendations:	

Intake and Assessment

Observations:	1. Did the family member accompany you through the entire intake process? 2. How long did you spend in the waiting room? 3. Was a urine test required? 4. What was the assessment process like? 5. Did you have to wait between your assessment and your first treatment session, and if so, how long?
Recommendations:	

First Treatment Session

Observations:	1. How were you treated? 2. Did the agency contact you to confirm your treatment appointment? 3. Was it clear where you were to go and what you could expect to happen? 4. What questions or concerns should have been addressed before the first session?
Recommendations:	

Final Considerations

1. What surprised you most during your walk-through?

2. What changes do you most want to make?

State of Nevada
Mental Health and Developmental Services
Substance Abuse Prevention and Treatment Agency

Criteria for Providing Substance Abuse Services Via Telecommunications (TeleCare Service Criteria)

August 2008

The Substance Abuse Prevention and Treatment Agency (SAPTA) currently certifies 13 American Society of Addiction Medicine (ASAM) and non-ASAM levels of care delivered within substance abuse treatment programs, including: *Comprehensive Evaluation, Level 0.5 - Early Intervention, Level I – Outpatient Individual and Group, Level II –Intensive Outpatient , Level III.1 – Residential Low Intensity, Level III.3 – Residential Medium Intensity, Level III.5 – Residential Medium/High Intensity, Level III.2-D - Social Model Detoxification, Level III.7-D - Modified Medical Detoxification, Civil Protective Custody, and Opioid Maintenance Therapy (OMT).*

The TeleCare service level (NAC 458.267; system of telecommunications) is certified by the Mental Health Division, Substance Abuse Prevention and Treatment Agency as an addendum to and as a mode of delivery for Comprehensive Evaluation (adult or adolescent) and Level 1 – Individual Outpatient (adult or adolescent) service levels. Appropriate services that may be delivered include: clinical evaluation for diagnosis and patient placement, therapy, treatment plan review, discharge planning, and medication management. Consistent with requirements for all certified and funded programs and service levels, TeleCare may be offered within a continuum of evidence-based practices for client care. The TeleCare guidelines that follow provide a mode of service delivery in areas of Nevada where there is critical client need that may be a result of on access and availability challenges.

Nevada Administrative Code

TeleCare is included in the Agency's current regulations (Nevada Administrative Code - NAC) in the following section:

NAC 458.267 Policies and Procedures for provision of services using system(s) of telecommunication. (NRS 458.025 & NRS 458.055) The operator of a treatment program which offers services using telecommunications shall submit the policies and procedures for the operation of the system to the Division for approval. The policies and procedures must provide for:

1) The confidentiality of the setting for clients and information concerning clients;
2) Actions the program will taking in case of an emergency involving a client;
3) The manner in which the dignity of clients will be maintained

Definitions

<u>TeleCare</u>: Using two-way, interactive, real time communication via on-line or other appropriate technology for the purpose of conducting or creating an: clinical evaluation for diagnosis and patient placement, therapy, treatment plan review, discharge planning, and medication management by appropriately credentialed substance abuse practitioners.

<u>TeleCare Consultant</u>: The substance abuse provider who's established credentialing is

requested/contracted via a TeleCare originating site or agency.

TeleCare Consultation: A remote TeleCare clinical evaluation for diagnosis and patient placement, therapy, treatment plan review, discharge planning, and medication management conducted by the appropriately credentialed TeleCare substance abuse practitioner.

TeleCare Consulting Site: The identified location from which the TeleCare substance abuse practitioner will be offering service to the TeleCare client at the TeleCare originating site.

TeleCare Environment: The related group of elements (hardware, software, including peripheral devices) that comprise a distinct and functioning apparatus that can be used to perform a specific TeleCare activity, application or service.

TeleCare Leader: The agency designated representative chosen to oversee all aspects of TeleCare process for a Division certified TeleCare agency.

TeleCare Originating Location: The identified TeleCare site where the TeleCare client will be geographically located and receive TeleCare services from the consulting site.

TeleCare Presenter: A staff member at the TeleCare originating site that is assigned to introduce the TeleCare client to the TeleCare consulting practitioner.

TeleCare Site Coordinator: The agency designated representative chosen to coordinate TeleCare activities for a Division certified TeleCare agency.

TeleCare General Considerations

The following items are recommended as points of consideration for substance abuse treatment agency development as it relates to providing TeleCare services:

1) The location and type of videoconferencing equipment to be used. Possible types of equipment include: High Powered Videoconferencing Equipment, Desktop Video Equipment, Videophones or Personal Video Stations, Home Health Video Phones, and Appliances. As needed the agency must engage appropriately trained information technology (IT) staff to address appropriate band width and encrypted bit size issues. Both the TeleCare originating site and the TeleCare consulting site will have developed a plan for technical assistance in the event that communication problems occur during the session.

2) The negotiation of costs and development of a memorandum of agreement, or similar instrument, outlining the breakdown of costs for the TeleCare originating site, the TeleCare consulting site, or other TeleCare affiliates involved with the service.

3) The coordination of a pilot session between the TeleCare originating site and the TeleCare consulting site to help determine the essential staff and general requirements for the TeleCare service. Division certifications for Comprehensive Evaluations and/or Level 1 must be established at both sites prior to conducting a Division supported pilot session.

4) The creation of necessary consent forms for release of confidential information including those necessary if the session is videotaped. The general organization of patient clinical

record must be in compliance with the Division placement criteria and other applicable criteria.

5) Establish quality assurance guidelines to determine the efficacy of the TeleCare service activity from the point of inception. The guidelines should include periodic reviews by management and plans for improvement of the services as outlined in the Health Division criteria. Establish guidelines to evaluate the effectiveness of individual sessions during the course of delivering TeleCare services to a particular client. Possible examples of strategies include: client satisfaction surveys, team member meetings, or individual evaluation processes.

6) The agency providing the TeleCare service should consider all legal ramifications related to TeleCare consultants and other TeleCare professionals that may be part of the overall TeleCare service delivery. All state administrative codes and legal statutes should be considered as it relates to appropriate licensing of TeleCare substance abuse professionals offering TeleCare services within the state.

7) The agency must coordinate with a designated IT consultant to establish the necessary bit encryption standard for the TeleCare service delivery. A TeleCare agency will create an effective way to make positive identification of the TeleCare client through verifying age, location and other demographic/client specific data. Compliance with 42 C.F.R., Part 2 and 45 C.F.R., parts 160, 162 and 164 must be observed.

8) The agency must establish well written policies and procedures outlining the components of the over all administration of the TeleCare services that include but are not limited to: the acutely violent or aggressive client, the acutely suicidal client, the client in need of transport for inpatient hospital care, and the acute medical emergency.

9) The agency will research, establish, and publish any additional cost for the services provided via TeleCare. To the extent possible the agency should negotiate with third parties and/or agency funding sources to assure their acceptance of this mode of service delivery. The services provided, regardless of payor, must meet the TeleCare state standards as established by the Division. The Insurance Commission in the State of Nevada may be consulted regarding general insurance issues related to the intended delivery of the TeleCare service.

10) All aspects of the Division's *Criteria for Providing Substance Abuse Services via Telecommunication*s should be considered in the development of the policy and procedure manual for any agency offering a TeleCare service.

Considerations for Conducting TeleCare Interviews, Assessments, Treatment Plan Reviews, Discharges, and Therapies

1) The TeleCare consulting site and TeleCare originating site during the real time TeleCare process introduce all professionals involved with the session. This is done initially and as appropriate throughout the TeleCare process. Credentials reviewed and respective clinical positions within the TeleCare process are mentioned for the benefit of all participants.

2) The therapy and/or assessment/treatment plan review is conducted and initial recommendations are made to the TeleCare originating sites by the TeleCare consulting site.

Feedback is elicited from the TeleCare consulting site with regards to recommendations to the Tele-client at the TeleCare originating site.

3) All efforts are made to ensure confidentiality in accordance with 42 C.F.R., Part 2 and 45 C.F.R., Parts 160, 162 and 164 by the TeleCare originating site and by the TeleCare consulting site. The storage of and transfer of confidential information will be outlined in the TeleCare agency policy and procedure manual.

4) The agency will establish an agreed upon means to evaluate the appropriateness of clients for TeleCare, in addition to the DSM IV TR criteria, prior to involving a client in the agency TeleCare service. Examples include: client's general health vulnerabilities, comfort level with technologies being employed, or a change in the mind-set of the TeleCare client.

5) The amount, frequency and duration of the TeleCare sessions shall be determined solely on the individual clinical needs of the client. The appropriateness for continued TeleCare sessions or possible additional face-to-face clinical sessions provided at the TeleCare originating site will involve considerations from item #4, Division placement criteria and the client's general progress in treatment and response to interventions.

Considerations for Documentation

1) Prior to the TeleCare interview, assessment, or treatment plan review a report should be sent to the TeleCare consulting site for initial review of the TeleCare client's progress. Applicable confidentiality laws related to 42 C.F.R. and 45 C.F.R. should be observed. For example, all identifying information of client should be marked out or not supplied to protect the rights of confidentiality of the client.

2) After the interview, therapy sessions, or assessment/treatment plan review a report will be mailed to the TeleCare originating site (TeleCare client if appropriate) and placed in the client record in accordance with Federal and State laws of confidentiality and in compliance with the Division criteria.

3) Necessary documentation regarding recommendations is created by the TeleCare consulting site and on the approved documentation forms. The complete forms are sent to the TeleCare originating site (or TeleCare client, if appropriate) for follow through.

4) The TeleCare consulting site will monitor any reports from the TeleCare originating site related to progress and continuing needs of the TeleCare client. The written reports supplied by the TeleCare originating site will conform to the timeframes and components outlined in the Division criteria.

5) The TeleCare consulting site session notes are taken on a client case form meeting the requirements of 42 C.F.R, 45 C.F.R. and consistent with the TeleCare agency and the Division criteria. The forms may be used during the TeleCare clinical evaluation for diagnosis and patient placement, therapy, treatment plan review, discharge planning, and medication management. For example, during a crisis interview current or past use may be used to determine TeleCare client needs at the originating site.

6) Storage of any copied medium of clinical records involving interviews, therapy sessions, or assessment/treatment plan reviews involved with the TeleCare process will comply with 42 C.F.R., 45 C.F.R and be secured at the TeleCare originating site and shared with the TeleCare consulting site until discharge or completion of services. The agency will engage in the creation of necessary confidentiality guidelines for any additional TeleCare originating sites and establish necessary guidelines, business agreements and other necessary federal components related to confidential information transferred as the result of the service.

7) Both the TeleCare originating site and the TeleCare consulting site should review the possible choice of a computerized records system (CRS) and the types of disruption that might ensue in the clinical process with the implementation of such a system during the TeleCare session.

8) Both the TeleCare originating site and the TeleCare consulting site will develop and share agency forms and sign-in sheets for documentation and attendance records.

9) Necessary informed consents are checked by the TeleCare consulting site and the TeleCare originating site.

Considerations for Setting

1) The TeleCare originating site and the TeleCare consulting site have an established pre-determined time for the TeleCare session to occur.

2) Both the TeleCare consulting site and the TeleCare originating site will have already considered and implemented any arrangement for special needs. For example: lighting, monitor and camera placement, and sound.

3) The TeleCare consulting site will discuss with the TeleCare client and the TeleCare originating site general benefits and expectations of the TeleCare session while taking into strong consideration the dignity of the TeleCare client.

4) Both the TeleCare consulting site and the TeleCare originating site will take into consideration the need for reliable TeleCare equipment supportive of Federal and State confidentiality requirements. The equipment will support defined agency policies for the TeleCare service process involved on-line TeleCare sessions including consideration in cases were the sessions are videotaped.

5) The TeleCare client will have been advised by the TeleCare originating site of the process by which the Tele-Client can file a grievance. The TeleCare originating site will also have advised the Tele-Client of patient rights. The client will understand his or her rights prior to the initiation the TeleCare process.

6) The resulting collaboration between TeleCare originating site and the Tele-Care consulting site will promote the creation of the type of clinical session whereby the client can experience a real time clinical experience as if the client were in an actual face-to-face session with an individual clinical employee or consultant For Example: the position of the camera and other office furniture are most appropriately placed in a smaller more privately

designated area of the facility equipped with a door and an appropriately assigned staff to ensure safety and the preservation of client dignity.

7) The TeleCare consulting and originating sites are certified by the Division for Level 1 Individual Outpatient for adolescents or adults and/or for Comprehensive Evaluations. A level 1 service using medication as a component of treatment shall comply with all federal, state, and local acts, rules, and regulations pertaining to controlled substances and other chemicals.

Considerations for the Staff

1) The TeleCare originating site and TeleCare consulting site will determine necessary credentialed and qualified staff must be appropriately matched for the content of the Session.

2) A TeleCare **site director** shall be appointed for the agency to coordinate development of all aspects of TeleCare service. For example they should oversee IT considerations, confidentiality, memorandums of understanding, affiliated sites and standardization of the TeleCare process, staff credentialing, appointment and training of the TeleCare coordinator and TeleCare site director. The TeleCare site director will also coordinate the necessary training for all staff at the TeleCare consulting and originating site. The training should includes but not be limited to the choice of clothing to be worn by staff, operation of TeleCare equipment, general clinical protocols for the manner in which a TeleCare professional will conduct themselves, and the non-verbal and verbal communication involved with TeleCare services.

3) The responsibilities of the agency **site coordinator** will include but not be limited to determining:
    a) how and where scheduling information will be kept
    b) who has access to scheduling information
    c) monitoring beginning and ending times for TeleCare sessions
    d) scheduled after hours or weekends hours during which TeleCare providers can provide care
    e) process by which the TeleCare site coordinator will be contacted if problems arise

4) The agency will identify a training regime for the TeleCare site coordinator, the TeleCare site consultants, the originating site staff, technical staff, and any general or support staff involved with the TeleCare. The training should include both technical and general issues related to the TeleCare service.

5) Individual therapist who is appropriately credentialed in the state may be eligible for certification as a TeleCare consulting site or TeleCare originating site. Additionally, a group of substance abuse professionals representing their particular agency may be eligible for certification. Whether an individual or a group, all must adhere to the State of Nevada pertinent state administrative statutes and codes which are related to the TeleCare process.

GLOSSARY OF TERMS

ACCESS: Degree to which appropriate treatment services are available, timely, geographically feasible, culturally appropriate, affordable, etc.

AGENCY: Substance Abuse Prevention and Treatment Agency in the Division of Mental Health and Developmental Services, Department of Health and Human Services.

APPLICANT: The entity seeking funding under the subgrant by submitting an application pursuant to this RFA. See ORGANIZATION; PROGRAM.

BLOCK GRANT: Federal funding for prevention and treatment of abuse of alcohol and other drugs received by the State from the U.S. Department of Health and Human Services. Requirements for receipt of such funds are specified in Federal regulation (45 CFR, Part 96).

CASAT: Center for the Application of Substance Abuse Technologies.

COD: Co-occurring disorder refers to the co-occurrence in the same individual of a substance use disorder and another behavioral or mental disorder (psychiatric disorder as defined by DSM-IV-TR).

CERTIFIED LEVEL OF SERVICE: A service for which a certificate by the State Mental Health Division, Substance Abuse Prevention and Treatment Agency has been issued pursuant to NAC 458.260 to 458.425, inclusive. See SERVICE.

CLIENT: Recipient of a service.

CLIENT PLACEMENT CRITERIA: Division Criteria for Programs Treating Substance Related Disorders.

CLIENT DATA SYSTEM: A system by which SAPTA gathers information regarding clients receiving treatment services and the characteristics of these clients. (See NHIPPS)

CLINICAL SERVICE: Defined in NAC 458.0225 as "…assessment of a client, treatment of a client or providing the service of a clinical program." The primary categories include Early Intervention Services, Intake and Referral Services, Forensic Programs, and Treatment Programs. See CERTIFIED SERVICE.

CLINICALLY APPROPRIATE: Appropriate to the clinical needs of a specific client. In this RFA, "clinically appropriate" means treatment matching whereby the level of service at which the client is being treated is appropriate according to the Division Criteria

CONSULTANT/CONTRACT PERSONNEL: Staff who work according to the conditions of a written contract instead of as employees.

CONTINUING CARE/RECOVERY SUPPORT SERVICES: Care of the client subsequent to primary treatment, such as Adult Level I Outpatient Services provided to a client subsequent to successful completion of residential treatment. Continuing care can include referral for non-treatment services, such as involvement in a recovery group.

DSM -IV-TR: Diagnostic and Statistical Manual of Mental Disorders – Text Revision is a comprehensive book devoted to the classifications of psychiatric illnesses.

FAITH-BASED: There are five definitions listed below:

- **Faith-permeated:** The mission statement and foundation is explicitly religious. Selection of staff and management states explicit religious commitments. Generally refuses funds that would undermine religious mission. Content of any program includes explicit mandatory content integrated through the program. The desired outcome includes an expectation of explicit religious experience or change.
- **Faith-Centered:** The mission statement and foundation is explicitly religious. Selection of staff and management states explicit religious commitments. Generally refuses funds that would undermine religious mission. Content of any program includes explicit mandatory content integrated through the program. The desired outcome includes strong hopes for explicit religious experience or change.
- **Faith-background:** Mission statement has implicit religious statements. Faith commitment is not relevant for the hiring of staff. Participants have the option to take part in religious activities Strong hope for explicit religious experiences or chance, and belief that this significantly contributes to desired outcomes.
- **Faith-secular partnership:** No spiritual content is contained within the mission, but explicit references to values are often present to the faith partnership. Program staff are required to have respect for, but no to share faith in the religious partner. There is no explicit religious content in the program, but materials may be made available. Staff my invite participants to religious activities outside of the program. There is little expectation that explicit religious experience or change is necessary for desired outcome.
- **Secular:** No spiritual content, but implicit or explicit references to a value system is present in the mission statement. There are no religious references to religious identity of the founders nor are there any expectations that the board or staff have a religious commitment. There is little cultivation or support from religious communities. There is no explicit content in program activities or literature. No expectations that religious experience or change is needed for desired outcome, but the faith of volunteers from religious partners is expected to add value to the program

GPRA: In July 1993, Congress passed the Government Performance and Results Act (GPRA). It mandates performance measurement by federal agencies aimed at providing reliable and timely information on the full cost of federal programs, their activities, and outputs.

HIPAA: Health Insurance Portability and Accountability Act. Health and Human Services - http://www.hhs.gov. Additional reference: http://samhsa.gov/privacyrule.htm

LEVEL OF SERVICE: Intensity of the type of care provided. ASAM and SAPTA define treatment into levels of treatment intensity appropriate to the severity of the illness being treated. See CLIENT PLACEMENT CRITERIA.

NAC: Nevada Administrative Code. Agency regulation of services for abuse of alcohol and other drugs is addressed in NAC 458.

NIDA: National Institute on Drug Abuse.

NRS: Nevada Revised Statute.

NOMs: National Outcome Measures; See Attachment H for information.

NHIPPS: Nevada Health Information Provider Performance System; Client information and data tracking system, including screening, assessment, admission, treatment planning, clinical summary, discharge, and national outcome measures.

ORGANIZATION: The entity that will provide the proposed services. Only organizations that are governmental agencies or private not-for-profit organizations with 501(c)(3) status are eligible for funding under this RFA. See PROGRAM.

OUTCOME MEASURES: The multidimensional performance outcomes that evaluate more than individual abstinence and completed treatment episodes. Integrated service systems incorporate a shared set of performance outcome measures e.g., employability, incarceration rates, use of out-of-home placements for youth, utilization of emergency rooms and hospitalization, the number of drug-affected infants, and compliance with child welfare agreements. Must reflect federal National Outcome Measures.

POAS: Program Operating and Access Standards. See Attachment B for information.

PLAN PERFORMANCE: A measure of quality in which performance is assessed and then compared to objectives specified in a plan for services.

PROGRAM: This term is often used to refer to the provider of the program, and when used in this RFA it is synonymous with "service provider". See ORGANIZATION.

PROJECT DIRECTOR: The primary designee of the program operator, typically the Program Administrator or Chief Executive Officer.

QUALITY ASSURANCE: An organized set of activities intended to systematically ensure acceptable levels of quality of care. Quality Assurance differs from Quality Improvement in that the latter focuses upon improvement in quality rather than maintenance. See QUALITY IMPROVEMENT SYSTEM.

QUALITY IMPROVEMENT/MANAGEMENT SYSTEM: Organized set of activities and philosophies intended to assure continuous improvement of practices focusing on customer definition, customer satisfaction, active utilization of data, efficient group processes among staff, teamwork, and respect for the individual. See: QUALITY ASSURANCE.

RFA: Request for Application.

SAPT BG: Substance Abuse Prevention and Treatment Block Grant.

SAPTA: Substance Abuse Prevention and Treatment Agency (See AGENCY).

SAPTA CLIENT: A "SAPTA client" is defined as a client who has received a certified level of care from a provider subsidized in a whole, or in part, with grant monies received through SAPTA (either state or federal).

SOM: Federal State Outcome Measure. See NOM.

SERVICE: An intervention for abuse of alcohol and other drugs.

STRUCTURAL MEASURES: A measure of whether an applicant has structures in place that are commonly associated with quality services, such as a functional Utilization Review System.

SYSTEMS OF CARE: The coordination of care among substance abuse, mental health and social service agencies to provide the full spectrum of both treatment and social support services needed by individuals with severe addictive disorders.

UTILIZATION MEASURES: Measures of utilization of services, such as the number of clients served and the average length of stay.

UTILIZATION REVIEW: Utilization Review may be internal (conducted by the service provider) or external (provided by a third-party funding source). Utilization Review addresses the appropriateness, necessity, and efficiency of a given clinical service. There are typically two components of utilization review:

- Review of treatment matching to determine whether clients are served at the appropriate level of service according to specified utilization management criteria.
- Review of services provided to determine whether they are appropriate to the identified needs of clients.

ATTACHMENT G

FEDERAL UNIFORM WAITING LIST REQUIREMENTS

A. Requirements Regarding Admissions Preference and Waiting List

Applicants will adhere to the following requirements:

1. Give admissions preference to treatment as follows:
   a. To pregnant injecting drug users first
   b. To other pregnant substance abusers second
   c. To other injecting drug users third
   d. To all other individuals fourth

2. Notify the Agency when the applicants' treatment capacity reaches 90% within seven (7) days of reaching such capacity.

3. Admit each individual who requests and is in need of treatment for intravenous drug abuse not later than:
   a. 14 days after making the request, or
   b. 120 days if applicants have no capacity to admit the individual on the date of the request and applicants make interim services available within 48 hours that:
      i. must include, at a minimum, counseling and education about HIV and tuberculosis (TB), the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV transmission does not occur; referral for HIV and TB treatment services, if necessary; and counseling on the effects of alcohol and other drug use on the fetus for pregnant women and referrals for prenatal care for such women.
      ii. may include interim methadone maintenance as authorized by section 1976 of the Public Health Services Act and the applicable regulations.

4. Establish a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment, including patients receiving interim services while awaiting admission.

5. Have a mechanism for maintaining contact with individuals awaiting admission

6. Consult the Agency's capacity management system, and transfer patients on waiting lists at the earliest possible time to a program providing treatment within a reasonable geographic area.

7. Take an individual who requests, is in need of, and is awaiting treatment for intravenous drug abuse off the waiting list and not be obligated to treat such a person within 14 or 120 days, whichever is applicable, only if either of the following conditions exist:
   a. Such a person cannot be located for admission into treatment, or
   b. The person refuses treatment.

ATTACHMENT H

State of Nevada
Department of Health and Human Service
Mental Health and Developmental Services

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY (SAPTA) SLIDING FEE SCALE POLICY

Revised September 10, 2008

Definition:

A "SAPTA client" is defined as a client who has received treatment from a provider subsidized in whole, or in part, with grant monies received through SAPTA (either state or federal funds).

Sliding Fee Scale Components:

1. Policy documents that no person will be denied services due to ability to pay.
2. Based on family size of those residing in the household.
3. Based on family income level at time of admission.
4. Based on the federal poverty level (FPL up to 400%) or local median income level (must choose one to use consistent). Please refer to the attached FPL spreadsheet.
5. Income verification by written documentation.
6. Must have a policy/procedure in place for "no documentation available" and/or other exceptions.
7. 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.
8. Appropriate documentation of sliding fee scale availability policy is posted in public and available in written form for all clients/citizens requesting it. Rates are available for anyone asking for a copy. Consistently applied to all clients seeking care.
9. Costs for services are based on program rates that can be justified and verified to SAPTA in writing.

Action Items:

1. All SAPTA-funded agencies must periodically design and submit sliding fee scales for review and approval. Assigned program staff will review and make recommendation to the Director whether or not to approve.
2. SAPTA to complete reviews within 15 working days of submittal, unless submitted as a component in a competitive treatment Request for Application (RFA).
3. SAPTA to include sliding fee scale standards in next regulation rewrite.

SAPTA to routinely include review of sliding fee scales during program approvals and monitoring visits.

Federal Poverty Guidelines (FPL as of January 23, 2008)																
Household Size	100% FPL		133% FPL		150% FPL		185 % FPL		200% FPL		250% FPL		300 % FPL		400% FPL	
	Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	Mo.
1	$10,400	$867	$13,832	$1,153	$15,600	$1,300	$19,240	$1,603	$20,800	$1,733	$26,000	$2,167	$31,200	$2,600	$41,600	$3,467
2	$14,000	$1,167	$18,620	$1,552	$21,000	$1,750	$25,900	$2,158	$28,000	$2,333	$35,000	$2,917	$42,000	$3,500	$56,000	$4,667
3	$17,600	$1,467	$23,408	$1,950	$26,400	$2,200	$32,560	$2,713	$35,200	$2,933	$44,000	$3,667	$52,800	$4,400	$70,400	$5,867
4	$21,200	$1,767	$28,196	$2,350	$31,800	$2,650	$39,220	$3,268	$42,400	$3,533	$53,000	$4,417	$63,600	$5,300	$84,800	$7,067
5	$24,800	$2,067	$32,984	$2,749	$37,200	$3,100	$45,880	$3,823	$49,600	$4,133	$62,000	$5,167	$74,400	$6,200	$99,200	$8,267
6	$28,400	$2,367	$37,772	$3,148	$42,600	$3,550	$52,540	$4,378	$56,800	$4,733	$71,000	$5,917	$85,200	$7,100	$113,600	$9,467
7	$32,000	$2,667	$42,560	$3,547	$48,000	$4,000	$59,200	$4,933	$64,000	$5,333	$80,000	$6,667	$96,000	$8,000	$128,000	$10,667
8	$35,600	$2,967	$47,348	$3,946	$53,400	$4,450	$65,860	$5,488	$71,200	$5,933	$89,000	$7,417	$106,800	$8,900	$142,400	$11,867
Each Add'l	$3,600	$300	$4,788	$399	$5,400	$450	$6,660	$555	$7,200	$600	$9,000	$750	$10,800	$900	$14,400	$1,200

ATTACHMENT I

CHART OF SERVICE CODES AND UNIT DESCRIPTIONS
DIVISION CRITERIA FOR PROGRAMS TREATING SUBSTANCE RELATED DISORDERS

SERVICE TYPE	REPORTING CODE	DESCRIPTION OF UNIT
LEVEL 0.5: EARLY INTERVENTION – ADULT	17	This service can occur in any appropriate setting as defined by the Division Criteria. Interventions may involve individual, group, or family counseling as well as other interventions. The program could provide but is not limited to providing student assistance programs, one-on-one counseling with at risk individuals, or educational programs for first time DUI offenders. A unit consists of one day of services.
LEVEL 0.5: EARLY INTERVENTION – ADOLESCENT	17A	This service can occur in any appropriate setting as defined by the Division Criteria. Interventions may involve individual, group, or family counseling as well as other interventions as defined in ASAM. The program could provide but is not limited to providing student assistance programs, one-on-one counseling with at risk individuals, or educational programs for first time DUI offenders. A unit consists of one day of services which includes one-on-one intervention services for individuals between the ages of 13 and 18. Providers can count one service, either individual or group, but not both on a given day.
LEVEL 0.5: EARLY INTERVENTION – ADOLESCENT GROUP	17GA	This service can occur in any appropriate setting as defined by the Division Criteria. Interventions may involve individual, group, or family counseling as well as other interventions. The program could provide but is not limited to providing student assistance programs, one-on-one counseling with at risk individuals, or educational programs for first time DUI offenders. A unit consists of one day of services which includes group intervention services for individuals between the ages of 13 and 18. Providers can count one service, either individual or group, but not both on a given day.
LEVEL I: OUTPATIENT SERVICES FOR ADULTS – INDIVIDUAL COUNSELING	07	Non-residential specialized services on a scheduled basis for individuals with substance abuse problems. The program must provide but is not limited to professionally directed evaluation, group counseling, education, skill building, case management and individual counseling. A minimum of one individual counseling session must be offered to the client monthly. A unit is a minimum of 50 minutes of one-to-one, face-to-face counseling services.
LEVEL I: OUTPATIENT SERVICES FOR ADOLESCENTS – INDIVIDUAL COUNSELING	07A	Non-residential specialized services on a scheduled basis for individuals between the ages of 13 and 18 with substance abuse problems. The program must provide but is not limited to professionally directed evaluation, group counseling, education, skill building, case management and individual counseling. A minimum of one individual counseling session must be offered to the client monthly. A unit is a minimum of 50 minutes of one-to-one, face-to-face counseling services.
LEVEL I: OUTPATIENT SERVICES FOR ADULTS – GROUP COUNSELING	07G	Non-residential specialized services on a scheduled basis for individuals with substance abuse problems. The program must provide, but is not limited to professionally directed evaluation, group counseling, education, skill building, case management and individual counseling. Group counseling should include therapy as well as process groups. A unit consists of a minimum of 50 minutes of group counseling.
LEVEL I: OUTPATIENT SERVICES FOR ADOLESCENTS – GROUP COUNSELING	07GA	Non-residential specialized services on a scheduled basis for individuals with substance abuse problems that are between 13 and 18 years of age. The program must provide but is not limited to professionally directed evaluation, group counseling, education, skill building, case management and individual counseling. Group counseling should include therapy as well as process groups. A unit consists of a minimum of 50 minutes of

SERVICE TYPE	REPORTING CODE	DESCRIPTION OF UNIT
		group counseling
LEVEL I: OUTPATIENT SERVICES FOR ADULTS – INDIVIDUAL COUNSELING	07W	Non-residential specialized services on a scheduled basis for individuals with substance abuse problems. **Use this reporting code when providing outpatient services funded by federal Block Grant women's set-aside funds.** The program must provide but is not limited to professionally directed evaluation, education, skill building, case management and individual counseling. A minimum of one individual counseling session must be offered to the client monthly. In addition, the following services must be provided either directly or indirectly through referral to other governmental agencies or not-for-profit organizations: primary medical care for women including prenatal care; primary pediatric care for dependent children including immunization; 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; and transportation 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. A unit is a minimum of 50 minutes of one-to-one, face-to-face counseling services.
LEVEL I: OUTPATIENT SERVICES FOR ADULTS – GROUP COUNSELING	07GW	Non-residential specialized services on a scheduled basis for individuals with substance abuse problems. **Use this reporting code when providing outpatient services funded by federal Block Grant women's set-aside funds.** The program must provide but is not limited to professionally directed evaluation, group counseling, education, skill building, case management and individual counseling. Group counseling should include therapy as well as process groups. In addition, the following services must be provided either directly or indirectly through referral to other governmental agencies or not-for-profit organizations: primary medical care for women including prenatal care; primary pediatric care for dependent children including immunization; 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; and transportation 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. A unit consists of a minimum of 50 minutes of group counseling.
LEVEL II: INTENSIVE OUTPATIENT FOR ADOLESCENTS	06A	An intensive outpatient program that provides non-residential specialized services on a scheduled basis for individuals with substance abuse problems who are between 13 and 18 years of age. The program must provide but is not limited to professionally directed evaluation, group counseling, education, skill building, case management, and individual counseling. A minimum of 9 hours of treatment services must be provided. A unit consists of 3 hours of treatment.
LEVEL II.1: INTENSIVE OUTPATIENT TREATMENT FOR ADULTS	06	An intensive outpatient program that provides non-residential specialized services on a scheduled basis for individuals with substance abuse problems. The program must provide but is not limited to professionally directed evaluation, group counseling, education, skill building, case management, and individual counseling. A minimum of 9 hours per week of treatment services must be provided. A unit consists of 3 hours of treatment.
LEVEL II.1: INTENSIVE OUTPATIENT TREATMENT FOR ADULTS	06W	An intensive outpatient program that provides non-residential specialized services on a scheduled basis for individuals with substance abuse problems. **Use this reporting code when providing intensive outpatient services funded by federal Block Grant women's set-aside funds.** The program must provide but is no limited to professionally directed evaluation, group counseling, education, skill building, case management, and individual counseling. A minimum of 9 hours per

SERVICE TYPE	REPORTING CODE	DESCRIPTION OF UNIT
		week of treatment services must be provided. In addition, the following services must be provided either directly or indirectly through referral to other governmental agencies or not-for-profit organizations: primary medical care for women including prenatal care; primary pediatric care for dependent children including immunization; 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; and transportation 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. A unit consists of 3 hours of treatment.
LEVEL III.2D: CLINICALLY-MANAGED RESIDENTIAL DETOXIFICATION FOR ADULTS	02	Provides care to patients whose intoxication/withdrawal signs and symptoms are sufficiently severe to require 24-hour structure and support. At least one employee must be present 24 hours a day with appropriate clinical protocols in place to identify patients who are in need of medical services beyond the capacity of the social setting detoxification facility. A unit consists of one day (24 hour period).*
LEVEL III: CLINICALLY-MANAGED MEDIUM-INTENSITY RESIDENTIAL TREATMENT FOR ADULTS	05	A clinically managed residential program that provides non-acute care for patients who suffer from impairment in functioning because of alcohol and/or other drug dependency or abuse. The program must have one employee present 24 hours a day. The program must provide but is not limited to professionally directed evaluation, group counseling, education, skill building, case management and individual counseling. A unit consists of one day (24 hour period).*
LEVEL III: CLINICALLY-MANAGED MEDIUM-INTENSITY RESIDENTIAL TREATMENT FOR ADULTS	05W	A clinically managed residential program that provides non-acute care for patients who suffer from impairment in functioning because of alcohol and/or other drug dependency or abuse. **Use this reporting code when providing services funded by federal Block Grant women's set-aside funds.** The program must have one employee present 24 hours a day. The program must provide but is not limited to professionally directed evaluation, group counseling, education, skill building, case management and individual counseling. In addition, the following services must be provided either directly or indirectly through referral to other governmental agencies or not-for-profit organizations: primary medical care for women including prenatal care; primary pediatric care for dependent children including immunization; 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; and transportation 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. A unit consists of one day (24 hour period).*
Level III ADOLESCENTS CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL TREATMENT FOR ADOLESCENTS	05A	A clinically managed medium intensity residential program that provides a structured recovery environment for patients who suffer from impairment in functioning because of alcohol and/or other drug dependency or abuse and are between 13 and 18 years of age. The program must provide full-time supervision with at least one employee of the program present 24 hours a day. In addition to treatment services, the program must provide but is not limited to professionally directed evaluation, education, skill building, case management and supportive services. A unit consists of one day (24 hour period).*
LEVEL III.7-D: MEDICALLY-MONITORED INPATIENT DETOXIFICATION FOR ADULTS	12	Provides 24-hour medically supervised care in an inpatient setting. Services are delivered in a defined set of physician-approved and monitored procedures or clinical protocols. This level provides care to patients whose withdrawal symptoms are severe enough to require 24-hour inpatient care. A unit consists of one day (24 hour period).*

SERVICE TYPE	REPORTING CODE	DESCRIPTION OF UNIT
TRANSITIONAL HOUSING	10	Transition services consist of a supportive living environment for individuals who are receiving substance abuse treatment in a Intensive Outpatient, or Outpatient program and who are without appropriate living alternatives. The program activities are focused on problems in applying recovery skills, and should include but is not limited to referral and linkage, referral and coordination of care, client support and advocacy, self help meetings, monitoring and follow-up. This is the level that can only be reported for in conjunction with another level of treatment being provided at the same time. A unit consists of one day (24 hour period).* Must meet BLC requirements for licensure.
OPIOID MAINTENANCE THERAPY FOR ADULTS	14	Provides opioid maintenance therapy on an outpatient basis. Opioid services function under a defined set of policies and procedures as stipulated by state law and federal regulations as set forth in FDA 21 CFR Part 291. A unit consists of one week of dosage and accompanying ancillary services.
ADULT CPC	15	Program provides 24-hour residential supervision to adults remanded to the custody of the program by law enforcement personnel pursuant to the provisions of NRS 458. A unit consists of up to one day (24 hour period).*
ADOLESCENT CPC/DETOXIFICATION	15A	Program provides 24-hour residential supervision to adolescents remanded to the custody of the program by law enforcement personnel due to intoxication. For those clients who exhibit symptoms of withdrawal, detoxification services are provided. All clients are provided referrals and coordination of care as clinically indicated. A unit consists of up to one day (24 hour period).*
COMPREHENSIVE EVALUATION	18	A comprehensive evaluation conducted by an evaluator certified/licensed as a CADC/LADC and holding a clinical license. A unit consists of 100 minutes of face-to-face client contact with an evaluator.

*Count the day admitted as a unit but not the day discharged.

Last Updated: 08-01-08

ATTACHMENT J

LETTER OF INTENT TO SUBMIT APPLICATION FORM

In order for the Agency to properly plan for the review of all applications and the allocation of state and federal funds, it is necessary for us to have preliminary notification of your plans. We realize your final application may differ from the information submitted with this notification, but we ask that you use your best judgment in completing the following. It is not necessary to notify SAPTA of changes in your projections unless the changes are dramatic.

This form must be received no later than December 12, 2008, 5:00 p.m.
All Letters of Intent must be sent via registered mail with a return receipt required.
Mail: Substance Abuse Prevention and Treatment Agency
4126 Technology Way, 2nd Floor
Carson City, NV 89706
Attention: Layne Wilhelm

Indicate with an X those categories of service in which you plan to apply for funding:

____ Early Intervention Services
____ Civil Protective Custody (CPC)
____ Intensive Outpatient
____ Residential Treatment
____ Comprehensive Evaluation
____ Detoxification Services
____ Outpatient Services
____ Opioid Maintenance Therapy
____ Transitional Housing

Indicate with an X those funding sources for which you plan to apply for funding:

FUNDING SOURCE: **Population:**	**SAPT BG Federal**	**State General Funds**	**State Liquor Tax**
Adult Treatment of Alcohol and Drug Abuse			
Pregnant Women's Set-aside			
Adolescent Services			
Civil Protective Custody and Detoxification Services			
Wait List Reduction			

Organization Name: _____

Project Director: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Contact Person:* _____

* This individual will receive the weekly questions and answers mentioned on page 23 of the RFA.

Contact Person's e-mail address – **REQUIRED**: _____

Correspondence and forms will be e-mailed to this address.

ATTACHMENT K

NATIONAL OUTCOME MEASURES (NOM'S)

OUTCOME	TREATMENT		PREVENTION
	Mental Health	**Substance Abuse**	**Substance Abuse**
Abstinence from Drug/Alcohol Abuse	Not Applicable	Reduction in/no change in frequency of use at date of last service compared to date of first service	No use in the prior 30 days Perceived risk of use Age of First Use Perception of Disapproval
Decrease Mental Illness Symptomatology/Functioning	Developmental	Not Applicable	Not Applicable
Increased/Retained Employment or Return to/Stay in School	Profile of adult clients by employment status. Increased school attendance (children)	Increase in/no change in number of employed or in school at date of last service compared to first service	ATOD suspensions/expulsions school attendance over enrollment, workplace AOD use
Decreased Criminal Justice Involvement	Profile of client involvement in criminal and juvenile justice systems	Reduction in/no change in number of arrests in past 30 days from date of first service to date of last service	Drug-related crime; alcohol-related car crashes and injuries
Increased Stability in Housing	Profile of clients' change in living situation (including homeless status)	Increase in/no change in number of clients in stable housing situation from date of first service to date of last service	Not Applicable
Increase in Access to Services (Service Capacity)	Number of persons served by age, gender, race and ethnicity	Unduplicated count of persons served, Penetration rate-Numbers served compared to those in need	Number of persons served by age, gender, race and ethnicity
Increased Retention in treatment-substance abuse	Not Applicable	Length of Stay-from date of first service to date of last service Unduplicated count of persons served	Total number of evidence-based programs and strategies
Reduced utilization of psychiatric impatient beds-mental health	Decreased rate of readmission to state psychiatric hospitals within 30 days and 180 days	Not Applicable	Not Applicable
Increased Social Supports/Social Connectedness	Developmental	Developmental	Developmental
Client Perception of Care	Client reporting positively about outcomes	Developmental	Not Applicable
Cost of Effectiveness (Average Cost)	Number of persons receiving evidence-based services/Number of evidence-based practices provided by state	Number of States providing substance abuse treatment services within approved cost per person bands by the type of service	Increased services provided within cost bands within universal, selective, and indicated programs
Use of Evidence-Based Practices		Developmental	Total number of evidence-based programs and strategies

MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
PROVIDER AUDIT REQUIREMENTS

When must audits be conducted? Division Policy and OMB Circular A-133 require that providers expending $500,000 or more in federal funding from all sources during their fiscal year must be audited for that year by an independent accounting firm using Generally Accepted Government Auditing Standards (GAGAS), issued by the Comptroller General of the United States, which are applicable to financial audits, to determine there is proper accounting for and use of subgrant funds. It is not acceptable for firms providing grant processing and reimbursement request services for a provider to conduct the audit of that provider.

What the Audit Report must contain: The auditor's report shall state that the audit was conducted in accordance with OMB A-133 and include the following:

a. An opinion (or disclaimer of opinion) as to whether the financial statement(s) of the federal program is presented fairly in all material respects in conformity with the stated accounting policies.
b. A report on internal control related to the federal program, which shall describe the scope of testing of internal control and the results of the tests.
c. A report on compliance which includes an opinion (or disclaimer of opinion) as to whether the auditee complied with laws, regulations, and the provisions of contracts or grant agreements that could have a direct and material effect on the federal program.
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.

Division Policy requires that for subgrantees not are required to have an audit under OMB A-133, a Limited Scope Audit on Agreed Upon Procedures must be conducted for that year by an independent accounting firm using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards.

ONE COPY OF THE FINAL AUDIT REPORT MUST BE SENT TO: The Substance Abuse Prevention and Treatment Agency, ATTN: Grants and Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, Nevada 89706.

When audits are not required under OMB A-133, records must be available for review by staff of the federal agency from which grant funds were received (if applicable), staff of the State of Nevada, Division of Mental Health and Developmental Services, and staff of the Division's Substance Abuse Prevention and Treatment Agency.

In addition, 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.

FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT

Award Term for Transparency Act

On June 6, 2006, the Office of Management and Budget (OMB) published proposed new government-wide guidance at 73 FR 32417 related to implementation of the Federal Funding Accountability and Transparency Act. The guidance, which would be established as 2 CFR Part 33, would be incorporated as a standard term for any grant, cooperative agreement, loan, or other federal financial assistance covered by the Transparency Act. (Individuals and most for-profit organizations and internationally based entities would not be subject to these new standards terms).

The new regulations would impact entities at all levels: federal awarding agencies, pass-through entities, and subrecipients.

IMPACT ON FEDERAL AGENCIES

- All program announcements, regulations, and other issuances would have to include language notifying potential applicants that they must have a Dun and Bradstreet Universal Numbering System (DUNS) number, and maintain current registration with the Central Contractor Registry (CCR). (A ***program announcement*** is defined in the proposed guidance as any paper or electronic issuance that an agency uses to announce the availability of assistance, regardless of the term used to describe the announcement).

- Agencies would not be permitted to make awards to entities that do not have a DUNS number or current CCR registration.

- Agencies would be given the authority to add a DUNS number field to currently approved application forms or formats without further approval from OMB.

- Agency systems would have to be capable of using the DUNS information provided by grantees as the universal identifying number for applicants and recipients.

IMPACT ON RECIPIENTS AND PASS-THROUGH ENTITIES

- All recipients would have to maintain their CCR information until the final financial report was submitted or the final payment under which the grant was made.

- Pass-through entities that anticipate making subawards totaling $25,000 or more to a subrecipient over the life of the grant would have to notify all potential subrecipients that they are not eligible unless they are registered with CCR and have a DUNS number.

- Further, a pass-through entity would have to report each transaction that ***obligates*** $25,000 or more to a subrecipient to the USAspending.gov database within 30 days of the action.

- Subaward agreements would have to include the federal sward number (CFDA) and identify the amount of federal assistance included in the subaward (for example, breaking out the amount of federal assistance that has been combined with state or other nonfederal sources).

- The subaward agreement would have to specify whether the subrecipient is required to report any lower-tier obligations directly to USAspending.gov or to report it back to the pass-through entity, which would in turn report to the federal database.

IMPACT ON SUBRECIPIENTS

- Subrecipients that anticipate receiving more than $25,000 over the life of a subgrant would have to obtain a DUNS number and maintain their CCR registration throughout the life of the grant.

- If subrecipients make their own subgrants, they would be required to provide such information either back to their pass-through entity, or directly to the USAspending.gov database, depending on the terms of their subaward agreement.

- If subrecipients, in turn make lower-tier awards, those agreements have to include all of the standard terms and reporting requirements described above. In other words, the requirements flow through to lower-tier awards and the subrecipient becomes the pass-through entity.

Comments on the proposed guidance were due August 5, 2008.

The proposed guidance can be viewed online at:

edocket.access.gpo.gov/2008/pdf/E8-12558.pdf

In a related action, OMB issued a memo authorizing each federal agency to add a field for the applicant's DUNS number to all application forms. This expands the policy issued in 2003 which authorized agencies to collect DUNS numbers for grants and cooperative agreements. This latest action extends the requirement to loans and other forms of federal financial assistance, including subawards, and is needed to gather data for the USAspending.gov website.

The memo can be viewed online at:

www.whitehouse.gov/omb/memoranda/fy2008/m08-19.pdf

Federal Register: June 6, 2008 (Volume 73, Number 110)] [Proposed Rules][Page 32417-32421] From the Federal Register Online via GPO Access [wais.access.gpo.gov]

OFFICE OF MANAGEMENT AND BUDGET

2 CFR Part 33

Requirements for Federal Funding Accountability and Transparency Act Implementation

AGENCY: Office of Federal Financial Management, Office of Management and Budget (OMB).

ACTION: Proposed guidance to agencies.

SUMMARY: OMB proposes to issue guidance to agencies to establish requirements for federal financial assistance applicants, recipients, and subrecipients that are necessary for the implementation of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282, hereafter referred to as ``the Transparency Act" or ``the Act"). An agency under the proposed guidance would require applicants other than individuals, with some specific exceptions, to have Dun and Bradstreet Data Universal Numbering System (DUNS) numbers and maintain current registrations in the Central Contractor Registration (CCR) database. The guidance also provides standard wording for an award term that each agency would include in its financial assistance awards. The award term would require recipients and subrecipients that are subject to the policy to have DUNS numbers, maintain current CCR registrations, and report subaward data that the implementation of the Transparency Act requires. This proposed implementation of the requirement for reporting of subawards under federal financial assistance awards parallels the Federal Acquisition Regulation implementation of that Transparency Act reporting requirement for subcontracts under federal procurement contracts (72 FR 51306, September 6, 2007).

DATES: Comments are due on or before August 5, 2008.

ADDRESSES: Due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, we encourage respondents to submit comments electronically to ensure timely receipt. We cannot guarantee that comments mailed will be received before the comment closing date. Electronic mail comments may be submitted to: Marguerite Pridgen at mpridgen@omb.eop.gov. Please include ``Transparency Act Guidance" in the subject line and the full body of your comments in the text of the electronic message and not as an attachment. Please include your name, title, organization, postal address, telephone number, and e-mail address in the text of the message. Comments may also be submitted via facsimile to 202-395-3952.

Comments may be mailed to Marguerite Pridgen, Office of Federal Financial Management, Office of Management and Budget, Room 6025, New Executive Office Building, Washington, DC 20503.

Comments may also be sent via http://www.regulations.gov--a Federal E-Government Web site that allows the public to find, review, and submit comments on documents that agencies have published in the Federal Register and that are open for comment. Simply type ``Transparency Act Guidance" (in quotes) in the Comment or Submission search box, click Go, and follow the instructions for submitting comments. Comments received by the date specified above will be included as part of the official record.

All responses will be summarized and included in the request for OMB approval.

FOR FURTHER INFORMATION CONTACT: Marguerite Pridgen, Office of Federal Financial Management, Office of Management and Budget, telephone (202) 395-7844 (direct) or (202) 395-3993 (main office) and e-mail: Marguerite_E._Pridgen@omb.eop.gov.

SUPPLEMENTARY INFORMAITON:

I. Background on the Transparency Act

The Act requires the Office of Management and Budget (OMB) to ensure the existence and operation of a single Web site at which the public may access and search data on federal financial assistance awards. It:

- Specifies that data on federal agencies' awards to non-federal entities are to be available at the Web site by January 1, 2008.
- Specifies that data on subawards under those federal awards are to be available by January 1, 2009.
- Exempts awards to individuals and individual transactions of less than $25,000.

The Act identifies sixteen specific data elements that the Web site must include for each federal award and authorizes OMB to specify additional elements for other relevant information. The sixteen elements the Act specifies are:

- The name of the entity receiving the award;
- The amount of the award;
- The transaction type;
- The funding agency;
- The Catalog of Federal Domestic Assistance number;
- The program source;
- The location of the entity receiving the award, including four data elements for the city, State, Congressional district, and country;
- The location of the primary place of performance under the award, including four data elements for the city, State, Congressional district, and country;
- A unique identifier of the entity receiving the award; and
- A unique identifier of the parent entity of the recipient, should the recipient be owned by another entity.

Although the Act does not identify specific data elements for subaward reporting, it does require that the data about subawards be disclosed in the same manner as the data for federal agencies' awards.

It also requires OMB to conduct a pilot to determine how best to implement a reporting system under which the entity issuing a subaward is responsible for fulfilling the subaward reporting requirement.

II. Purposes of the Guidance

The proposed guidance following this preamble has three purposes, all of which are related to the implementation of the Transparency Act. Those purposes, which are identified in section 33.100 of the guidance, are to establish:

- A requirement to use the Data Universal Numbering System (DUNS) number as the unique identifier for each entity receiving an award or subaward;
- Requirements for applicant, recipient and subrecipient registration in the Central Contractor Registration (CCR) as a way to maintain a reliable source of standard information about organizations for Transparency Act reporting and other purposes; and
- Requirements for recipient and subrecipient reporting of obligations of federal funds for subawards.

The following paragraphs provide further information about these three requirements.

DUNS number. The interagency task force that OMB established to help implement the Transparency Act selected the DUNS number as the unique identifier that the Act requires to be reported both for the recipient and, if applicable, its parent entity. The proposed guidance following this preamble therefore includes a Government-wide policy under which agencies will require federal financial assistance applicants and recipients, with a few exceptions, to have DUNS numbers. The proposed guidance thereby would expand a current OMB policy requiring use of DUNS numbers in conjunction with grants and cooperative agreements, by broadening the policy to loans and other types of federal financial assistance awards. The current policy, the full text of which is in the Federal Register [68 FR 38402, June 27, 2003], was established by the July 15, 2003, OMB memorandum M-03-16, ``OMB Issues Grants Management Policies" (available at http://www.whitehouse.gov/omb/memoranda/m03-16.pdf).

Central Contractor Registration. The proposed guidance also would establish a requirement for applicant, recipient, and subrecipient registration in the CCR, as a way to help ensure consistent reporting of data about each entity and thereby make the data more useful to the public. Without the requirement, multiple agencies doing business with the same entity may use different variations of the entity's name, address, or parent organization when they each report on their awards to the entity. Using the DUNS number as the identifier for the entity, as described in the preceding paragraph, can partially alleviate that problem--each report of an award or subaward then can be linked to standard information about the award recipient in data bases of Dun and Bradstreet, Inc., which assigns and maintains DUNS numbers and associated organizational information. The proposed guidance requiring recipient and subrecipient registration in the CCR would further improve data quality by allowing a report of an award or subaward to also be linked to standard information that federal business partners provide about themselves to that Government repository.

Subaward reporting. The Transparency Act requires reporting of information about subawards under federal financial assistance awards.
The proposed guidance therefore includes a basic policy requiring recipients and subrecipients to report on subawards they make. For two reasons, however, it does not specify the data elements that must be reported about each subaward. One reason is that data elements are best maintained separately from the Code of Federal Regulations. The other reason is that the data elements may be refined due to lessons learned during the subaward pilot that The Transparency Act requires, so they need not be formally established until after the pilot. At a later date, separately from today's policy

proposal, we will publish the data elements for subaward reporting in the Federal Register with an opportunity for comment before formally establishing them as the required set.

III. The Proposed Guidance

The proposed guidance in 2 CFR part 33 is organized into three subparts:

- Subpart A states the purposes of the guidance, as described above in Section II of this preamble. It also specifies the types of federal financial assistance awards and types of recipient and subrecipient entities to which the proposed guidance would apply.
- Subpart B contains five sections that provide authorities and specify responsibilities for agencies. Section 33.200 states requirements for the content of agencies' program announcements, regulations, or other issuances providing instructions for applicants. Section 33.205 authorizes agencies to disqualify applicants that do not comply with requirements to provide a DUNS er and register in the CCR. Section 33.210 permits agencies to add DUNS number fields to application forms or formats that OMB cleared previously and section 33.215 establishes requirements for agencies' information systems. Finally, section 33.220 specifies standard wording of an award term for federal financial assistance subject to The Transparency Act. The award term requires recipients and subrecipients to register in the CCR and report on subaward obligations that are subject to the Transparency Act reporting requirements.
- Subpart C contains definitions of terms used in 2 CFR part 33.

IV. Invitation To Comment

We invite comments from the affected public on all aspects of the proposed guidance to agencies, including the proposal to require use of the DUNS number, registration in the CCR, and reporting on subawards. All comments will be considered in developing the final guidance.

List of Subjects in 2 CFR Part 33

Business and industry, Colleges and universities, Cooperative agreements, Farmers, Federal aid programs, Grant programs, Grants administration, Hospitals, Indians, Insurance, International organizations, Loan programs, Nonprofit organizations, Reporting and recordkeeping requirements, State and local governments, Subsidies.

Danny Werfel,
Deputy Controller.

Authority and Issuance

For the reasons set forth above, the Office of Management and Budget proposes to amend 2 CFR chapter I by adding part 33 to read as follows:

PART 33--UNIVERSAL IDENTIFIER, CENTRAL CONTRACTOR REGISTRATION, AND SUBAWARD REPORTING

Sec.

Subpart A--General
33.100 Purposes of this part.
33.105 Applicability.
33.110 Deviations.

Subpart B--Policy
33.200 Requirements for program announcements, regulations, and application instructions.
33.205 Effect of noncompliance with requirements in Sec. 33.200.
33.210 Authority to modify agency application forms or formats.
33.215 Requirements for agency information systems.
33.220 Award term.

Subpart C--Definitions
33.300 Agency.
33.305 Award.
33.310 Central Contractor Registration (CCR).
33.315 Data Universal Numbering System (DUNS) Number.
33.320 Entity.
33.325 Federal financial assistance subject to the Transparency Act.
33.330 For-profit organization.
33.335 Foreign public entity.
33.340 Indian tribe (or ``federally recognized Indian tribe").
33.345 Local government.
33.350 Nonprofit organization.
33.355 State.
33.360 Subaward.
33.365 Subrecipient.

Authority: Pub. L. 109-282; 31 U.S.C. 6102.

Subpart A-General

Sec. 33.100 Purposes of this part.

This part provides guidance to agencies to establish:

(a) The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as a universal identifier for federal financial assistance applicants, recipients, and subrecipients.

(b) The Central Contractor Registration (CCR) as the repository for standard information about federal financial assistance applicants, recipients, and subrecipients.

(c) Requirements for recipients' and subrecipients' reporting of information on subawards, as required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282, hereafter referred to as ``the Transparency Act").

Sec. 33.105 Applicability.

(a) *Types of awards.* This part applies to an agency's grants, cooperative agreements, loans, and other federal financial assistance subject to the Transparency Act, as defined in Sec. 33.325.

(b) *Types of recipient and subrecipient entities.* (1) *General*. Through an agency's implementation of the guidance in this part, this part applies to all entities, other than those excepted in paragraph (b)(2) of this section, that--

(i) Apply for or receive agency awards; or

(ii) Receive subawards under those awards.

(2) *Exceptions*. (i) None of the requirements in this part apply to an individual who applies for or receives federal financial assistance as a natural person (i.e., unrelated to any business or non-profit organization he or she may own or operate in his or her name).

(ii) The requirement in this part to maintain a current registration in the CCR does not apply to:

(A) An agency of the Federal Government that receives an award from another agency.

(B) A foreign entity applying for or receiving an award or subaward for a project or program performed outside the United States, if an agency deems it to be impractical for the entity to register in the CCR.

(C) An entity to which an agency grants an exception based on a need to protect information about the entity from disclosure, to avoid compromising classified information or national security or jeopardizing the personal safety of the entity's clients.

Sec. 33.110 Deviations.

Deviations from this part require the prior approval of the Office of Management and Budget (OMB).

Subpart B--Policy

Sec. 33.200 Requirements for program announcements, regulations, and application instructions.

(a) Each agency that awards grants, cooperative agreements, loans, or other Federal financial assistance subject to the Transparency Act must include the requirements described in paragraph (b) of this section in each program announcement, regulation, or other issuance containing instructions for applicants:

(1) Under which awards may be made that are subject to Transparency Act reporting requirements; and

(2) That either:

(i) Is issued on or after the effective date of this part; or

(ii) Has application or plan due dates or anticipated award dates after October 1, 2008.

(b) The program announcement, regulation, or other issuance must require each entity that applies and does not have an exception under Sec. 33.105(b)(2) to:

(1) Be registered in the CCR prior to submitting an application or plan;

(2) Maintain a current CCR registration at all times during which it has an active federal award or an application or plan under consideration by an agency; and

(3) Provide its DUNS number in each application or plan it submits to the agency.

(c) For purposes of this policy:

(1) The applicant is the entity that meets the agency's or program's eligibility criteria and has the legal authority to apply and to receive the award. For example, if a consortium applies for an award

to be made to the consortium as the recipient, the consortium must have
a DUNS number. If a consortium is eligible to receive funding under an agency program but the agency's policy is to make the award to a lead entity for the consortium, the DUNS number of the lead entity will be used.

(2) A ``program announcement'' is any paper or electronic issuance that an agency uses to announce a funding opportunity, whether it is called a ``program announcement,'' ``notice of funding availability,'' ``broad agency announcement,'' ``research announcement,'' ``solicitation,'' or something else.

Sec. 33.205 Effect of noncompliance with requirements in Sec. 33.200.

(a) An agency may not make an award to an entity until the entity has complied with all applicable requirements to provide a valid DUNS number and register in the CCR.

(b) If an entity does not comply with an applicable requirement to provide a DUNS number or register in the CCR, as specified in the program announcement or other instructions, the agency:

(1) May determine that the applicant is not qualified to receive an award; and

(2) May use that determination as a basis for making an award to an alternative applicant.

Sec. 33.210 Authority to modify agency application forms or formats.

To implement the policies in Sec. Sec. 33.200 and 33.205, an agency may add a DUNS number field to application forms or formats previously approved by OMB, without having to obtain further approval to add the field.

Sec. 33.215 Requirements for agency information systems.

Each agency that awards or administers grants, cooperative agreements, loans, or other federal financial assistance subject to the Transparency Act must ensure that systems processing information related to the awards, and other systems as appropriate, are able to accept and use the DUNS number as the universal identifier for financial assistance applicants and recipients.

Sec. 33.220 Award term.

(a) To accomplish the purposes described in Sec. 33.100, an agency must include the following award term in each award to a non-federal entity of federal financial assistance subject to the Transparency Act:

I. Central Contractor Registration and subaward reporting.

a. Central Contractor Registration.

1. Unless you are excepted from this requirement under 2 CFR 33.105(b)(2), you as the recipient must maintain the currency of your information in the Central Contractor Registration (CCR) until you submit the final financial report required under this award or receive the final payment, whichever is later.

2. If you are authorized to make subawards under this award and it is possible that you will make a subaward to an entity (see definition in paragraph d of this award term) with a total value of $25,000 or more in federal funds over the life of the subaward, you:

i. Must notify potential subrecipients that no entity may receive funds for a subaward with a total value in that range unless the entity is registered in the CCR, which also requires that the subrecipient have a Data Universal Numbering System (DUNS) number.

ii. May not make a subaward to an entity with a total value in that range, or obligate additional funds for the subaward, unless the entity is registered in the CCR.

b. Reporting of first-tier subawards.

1. Applicability. Unless you have a current exception from this requirement under paragraph (e) of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), you must report each action that obligates $25,000 or more in federal funds under any subaward to an entity (see definitions in paragraph d of this award term).

2. Where and when to report. You must report each action described in paragraph b.1 of this award term:

i. To the http://WWW.USASpending.gov at usaspendingdata@gsa.gov.

ii. No later than 30 days after the date of the obligation.

3. What to report. You must report the information about each action that the http://WWW.USASpending.gov specifies.

c. Requirements for lower-tier subawards and obligating actions.

1. Subawards. In any subaward that you make to an entity under this award that you expect to have a total value of $25,000 or more in federal funds over the life of the subaward, you must include an award term that:

i. Provides the subrecipient with the federal award number or other unique federal identifying number for this award.

ii. Requires the subrecipient to maintain a current registration in the CCR during the period of performance under the subaward; and

iii. Requires the subrecipient, if it makes any obligating action to which paragraph b.1 of this award term applies, to:

A. Report the action to either:

(1) The http://WWW.USASpending.gov within 30 days of the date of obligation, providing the information about the action that the system specifies; or

(2) You, if you prefer to have your subrecipient report each obligating action to you, in which case you must report the action to the http://WWW.USASpending.gov within 30 days of the subrecipient's obligation; and

B. Ensure that the lower-tier subaward includes a term requiring the lower-tier subrecipient to comply with the requirements in paragraph c of this award term.

2. Obligating actions. For each action that you take to obligate funding under a subaward described in paragraph c.1 of this award term, you must provide the subrecipient with the amount of federal funding that is included in the amount of funding obligated by the action.

d. Definitions. For purposes of this award term:

1. Central Contractor Registration (CCR) means the federal repository into which an entity must provide information required for the conduct of business as an award recipient or subrecipient. Additional information about registration procedures may be found at the CCR Internet site (currently at http://www.ccr.gov).

2. Data Universal Numbering System (DUNS) number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone or the Internet (currently at http://www.dunandbradstreet.com).

3. Entity means all of the following, as defined at 2 CFR part 33, subpart C:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization; and

iv. A domestic or foreign for-profit organization.

4. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that:

A. You as the recipient awards to an eligible subrecipient; or

B. A subrecipient at one tier awards to a subrecipient at the next lower tier.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, ``Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

5. Subrecipient means an entity that:

i. Receives a subaward from you or from another subrecipient under this award; and

ii. Is accountable to you or the other subrecipient for the use of the federal funds provided by the subaward.

(b) An agency may--

(1) Reserve paragraphs b and c of the award term in paragraph (a) of this section if there is no possibility of a subaward with a total value of $25,000 or more in federal funds over the life of the subaward; and

(2) Use different letters and numbers to designate the paragraphs of the award term, if necessary, to conform the system of paragraph designations with the one used in other terms and conditions in the agency's awards.

Subpart C--Definitions

Sec. 33.300 Agency.

Agency means a Federal agency as defined at 5 U.S.C. 551(1) and further clarified by 5 U.S.C. 552(f).

Sec. 33.305 Award.

Award means an award of Federal financial assistance subject to the Transparency Act, as defined in Sec. 33.325.

Sec. 33.310 Central Contractor Registration (CCR).

Central Contractor Registration (CCR) has the meaning given in paragraph d.1 of the award term in Sec. 33.220.

Sec. 33.315 Data Universal Numbering System (DUNS) Number.

Data Universal Numbering System (DUNS) Number has the meaning given in paragraph d.2 of the award term in Sec. 33.220.

Sec. 33.320 Entity.

Entity has the meaning given in paragraph d.3 of the award term in Sec. 33.220.

Sec. 33.325 Federal financial assistance subject to the Transparency Act.

Federal financial assistance subject to the Transparency Act means assistance that non-federal entities described in Sec. 33.105(b) receive or administer in the form of--

(a) Grants;

(b) Cooperative agreements;

(c) Loans;

(d) Loan guarantees;

(e) Subsidies;

(f) Insurance;

(g) Food commodities;

(h) Direct appropriations; and

(i) Other financial assistance transactions that authorize the non-federal entities' expenditure of federal funds.

Sec. 33.330 For-profit organization.

For-profit organization means a non-Federal party organized for profit. It includes, but is not limited to:

(a) An ``S corporation'' incorporated under Subchapter S of the Internal Revenue Code;

(b) A corporation incorporated under another authority;

(c) A partnership;

(d) A limited liability corporation or partnership; and

(e) A sole proprietorship.

Sec. 33.335 Foreign public entity.

Foreign public entity means:

(a) A foreign government or foreign governmental entity;

(b) A public international organization, which is an organization entitled to enjoy privileges, exemptions, and immunities as an international organization under the International Organizations Immunities Act (22 U.S.C. 288-288f);

(c) An entity owned (in whole or in part) or controlled by a foreign government; and

(d) Any other entity consisting wholly or partially of one or more foreign governments or foreign governmental entities.

Sec. 33.340 Indian tribe (or ``federally recognized Indian tribe'').

Indian tribe (or ``federally recognized Indian tribe'') means any Indian tribe, band, nation, or other organized group or community, including any Alaskan Native village or regional or village corporation (as defined in, or established under, the Alaskan Native Claims Settlement Act (43 U.S.C. 1601, et seq.)) that is recognized by the United States as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Sec. 33.345 Local government.

Local government means a:

(a) County;

(b) Borough;

(c) Municipality;
(d) City;
(e) Town;
(f) Township;
(g) Parish;
(h) Local public authority, including any public housing agency under the United States Housing Act of 1937;
(i) Special district;
(j) School district;
(k) Intrastate district;
(l) Council of governments, whether or not incorporated as a nonprofit corporation under State law; and
(m) Any other instrumentality of a local government.

Sec. 33.350 Nonprofit organization.

Nonprofit organization--
(a) Means any corporation, trust, association, cooperative, or other organization that--
(1) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest;
(2) Is not organized primarily for profit; and
(3) Uses net proceeds to maintain, improve, or expand the operations of the organization.
(b) Includes nonprofit--
(1) Institutions of higher education;
(2) Hospitals; and
(3) Tribal organizations other than those included in the definition of ``Indian tribe."

Sec. 33.355 State.

State means--
(a) Any State of the United States;
(b) The District of Columbia;
(c) Any agency or instrumentality of a State other than a local government or State-controlled institution of higher education;
(d) The Commonwealths of Puerto Rico and the Northern Mariana Islands; and
(e) The United States Virgin Islands, Guam, American Samoa, and a territory or possession of the United States.

Sec. 33.360 Subaward.

Subaward has the meaning given in paragraph d.4 of the award term in Sec. 33.220.

Sec. 33.365 Subrecipient.

Subrecipient has the meaning given in paragraph d.5 of the award term in Sec. 33.220.

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