State of Nevada
Department of Health and Human Services

OFFICE OF COMMUNITY PARTNERSHIPS AND GRANTS

Federally Qualified Health Center Incubator Project Grant
and
State Targeted Response to the Opioid Crisis Grant

REQUEST FOR APPLICATIONS and INSTRUCTIONS
STATE FISCAL YEARS 2018 – 2019

NOTE: This document is available online at http://dhhs.nv.gov/grants

Contents

INTRODUCTION

The Request for Application is for two separate grants; the Federally Qualified Health Centers Incubator Project Grant (FQHC Incubator Project), and the State Targeted Response to the Opioid Crisis Grant (Opioid STR). Applicants may apply for one or both grants. If the applicant is applying for both, a separate application, budget and information will need to be provided. Applicants should read the requirements for each application carefully as there are requirements specific to the individual grants.

Federally Qualified Health Center Incubator Project Grant: FQHC Incubator Project

Overview and Philosophy

Nevada has made significant advances in reducing the rate of medically uninsured residents; however, there are good reasons to believe that many Nevadans have difficulties in accessing health care. A recent study places Nevada 48th in the nation regarding the ratio of health care providers to population.

One solution to expand access to health care is through the promotion of Federally Qualified Health Centers (FQHCs), which are chartered to serve underserved areas or populations. The State's experience with FQHCs demonstrates that FQHCs primarily serve the most vulnerable Nevadans; nearly three quarters of their patients are uninsured or on Medicaid, and more than 95 percent live below 200 percent of the Federal poverty level. Because of this, FQHCs qualify for enhanced reimbursement from Medicare and Medicaid. They must offer a sliding fee scale; provide comprehensive services; have an ongoing quality assurance program; and have a governing board of directors, the majority of whom must be patients of the FQHC.

FQHCs are also a valuable tool for the State to leverage federal funding to increase health care access. Compared to states with similar population size, Nevada receives a small fraction of health center program dollars.

The philosophy of the Federally Qualified Health Center Incubator Project is to assist the growth and promotion of expanding services and/or service locations to the underserved areas and populations. This grant is intended to be a onetime funding source to enhance a current FQHC/FQHC Look-Alike and/or to promote organizations to become a FQHC/FQHC Look-Alike. By providing onetime funding, this could assist an organization with securing a new location, upgrading equipment or new equipment, or securing a new provider to expand services not currently provided. The intent is that this will provide 'seed money' for sustainability.

The objective of this RFA is to identify qualified applicants who meet the organization criteria defined under Eligible Organizations. This RFA does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel solicitation if it is in its best interest.

Eligible Organizations
- <u>Category 1</u>: Current FQHC
- <u>Category 2</u>: FQHC Look-Alike
- <u>Category 3</u>: Organizations that are not FQHCs or FQHC Look-Alikes, but comply with Chapter 20 Board Governance in HRSA's Draft Health Center Program Compliance Manual requirements concerning mission statement, board of directors composition, and bylaws. Category 3 applicants must be serving patients at the time of application and are required to commit to applying to be a Look-Alike status and/or New Access Point designation during the funding period.

Purpose
- Increase services beyond what is currently provided by the FQHC and/or FQHC Look-Alike; and/or
- Increase the number of patients and expanded into new populations served by a FQHCs and/or FQHC Look-Alikes; and/or
- Increase access to health care for low-income Nevadans that are not currently accessing services; and/or
- Increase prospects for upcoming federal grants in the State of Nevada; and
- Development of formal agreements, such as Memorandum of Understanding (MOU), with community based resources that wrap around patients that have been identified with social needs.

Program Funding
The FQHC Incubator Project may award $1,000,000 from Funds from Healthy Nevada to award over the FY2018-2019 biennium to nonprofit or public entities that meet the intent of this RFA. Funding will be awarded competitively to the eligible applicants who obtain the highest scores by demonstrating projects which increase patient access and appropriate stewardship of state funds.

Awards will be given to a minimum of two sub recipients. One that demonstrates the intent identified above in a Rural area, and one that demonstrates the intent identified the above in an Urban area.

Program funds may support capital improvements, and/or provider administration salary support. DHHS will make the final determination of an applicant's abilities and intent to comply with the required program expectations. Funds are intended to help support sustainability.

This is a competitive process and sub recipient(s) who receive awards through this RFA are not guaranteed future funding. All costs incurred in responding to this RFA will be borne by the applicant(s). In the event, no qualified applicants are identified because of this RFA; the State reserves the right to perform alternate measures to identify potential applicants.

The Applicant, its employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined by Category 1, 2, and 3 defined under Eligible Organizations.

Below are the two Funding Categories that can be applied for:

- *Capital Improvement*
    - o Allowable funds for:
        - Clinical Renovations for Medical, Dental and Behavioral Health
        - Equipment

- *Salary Support*
    - o Allowable funds for:
        - Eligible providers as defined in Section 605 of the Division of Health Care Financing and Policy Medicaid Services Manual (MSM), Chapter 600 – Physician Services.
        - In addition to eligible providers:
            - Clinical support staff (nurses, medical assistants)
            - Administrative support staff (front desk, billing, executive, IT, etc.)

Grant Period

Awards made under this RFA are available to span two State Fiscal Years – 2018 and 2019. Year One awards begin September 1, 2017 and end June 30, 2018. Year two awards begin July 1, 2018 and end June 30, 2019. Awards are subject to funding availability. Two-year grant awards are also contingent on grantee performance in Year One, if applicable.

State Targeted Response to the Opioid Crisis Grant: Opioid STR

Overview and Philosophy

Supplemental funding is available in addition to or separate from the FQHC Incubator Project funding. In April 2017, Nevada was awarded a Fiscal Year (FY) 2017 State Targeted Response to the Opioid Crisis Grant (Short Title: Opioid STR). The program aims to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD).

Opioid STR Grantees are required to expand access to treatment and recovery, and must:

1. Implement system design models that will most rapidly address the gaps in their systems of care;
2. Deliver evidence-based treatment interventions including medication and psychosocial interventions;
3. Report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths based upon measures developed in collaboration with the Department of Health and Human Services (DHHS); and
4. Improve retention in care, using a chronic care model.[1]

The objective of this RFA is to identify qualified applicants who meet the organization criteria. This RFA does not obligate the State to award a contract or complete the project, and the State reserves the right to cancel solicitation if it is in its best interest.

Eligible Organizations

- <u>Category 1</u>: Current FQHC

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[1] **The Chronic Care Model**
The Chronic Care Model (CCM) is an organizational approach to caring for people with chronic disease in a primary care setting. The system is population-based and creates practical, supportive, evidence-based interactions between an informed, activated patient and a prepared, proactive practice team.

The CCM identifies essential elements of a health care system that encourage high-quality chronic disease care: the community; the health system; self-management support; delivery system design; decision support, and clinical information systems. Within each of these elements, there are specific concepts ("Change Concepts") that teams use to direct their improvement efforts. Change concepts are the principles by which care redesign processes are guided.

Group Health Research Institute, Kaiser Permanente Research. Improving Chronic Illness Care. Retrieved from http://www.improvingchroniccare.org/index.php?p=1:_Models&s=363

Purpose

Innovative models of integrated care for OUD combat overreliance on single elements of care. These models address the underutilization of pharmacotherapies, or the use of Medication Assisted therapies selected or maintained out of convenience or familiarity on the part of the provider. Alternative therapies can be employed to better match patient needs. Integrated care models such as the Hub and Spoke Model, allow providers to leverage resources and to provide individually tailored and extensive health, behavioral health, and social support services.

Each Opioid Treatment Provider (OTP) Hub and Spoke system model consists of a "Hub" and multiple "Spokes." An existing narcotic treatment program can serve as the hub while federally approved Data 2000 waivered prescribers who prescribe or dispense buprenorphine in office-based settings serve as the spokes. Hubs and spokes may also act as a regional resource with a broad public health mission.

OTP hubs fill a critical need for expert and efficient management of OUD treatment. Hubs provide multidisciplinary and comprehensive services, a range of pharmacotherapies and a treatment setting that allows for frequent patient contact with dedicated staff. Hubs serve as the regional consultants and subject matter experts on opioid dependence and treatment. Hubs dispense methadone and buprenorphine, buprenorphine/naloxone and naltrexone - both oral and injectable, provide care to the clinically complex buprenorphine patients, can manage buprenorphine inductions when needed, and provide support to the spokes when they need clinical or programmatic advice. At this time, only currently licensed Opioid Treatment Programs (OTP's) will be eligible to become a Hub.

FQHC's as Spokes provide ongoing care for patients with milder addiction (managing both induction and maintenance). The spoke is comprised of at least one prescriber and a Medication Assisted Therapy (MAT) team to monitor adherence to treatment, coordinate access to recovery supports, and provide counseling. Patients can move between the Hub and Spoke based on clinical severity as described in the Stepped Care Model (Stoller, 2016).

The Division of Public and Behavioral Health, Bureau of Behavioral Health, Wellness, and Prevention, The Substance Abuse Prevention and Treatment Agency (SAPTA) solicits applications from entities that can provide Spoke system services for the state of Nevada. The purpose of this funding opportunity is to establish an OUD Hub and Spoke system model for Nevada where FQHC's will expand or enhance their capacity to provide Spoke services.

Program Funding

The Supplemental Funding for the Opioid STR Grant is from the Substance Abuse Mental Health Services Administration (SAMHSA). This supplemental funding announcement may award up to $400,000 from July 2017-May 2018 to nonprofit or public entities that meet the intent of this RFA. Funding will be awarded competitively to the eligible applicants who obtain the highest scores by demonstrating projects which increase patient access to medication assisted treatment programs for individuals with opioid use disorder (OUD) and appropriate stewardship of state funds.
Awards will be no greater than $100,000 each year over two years.

Awards will be given to a minimum of two sub recipients. One that demonstrates the intent identified above in a Rural/Frontier area within the following counties: Elko, Douglas, Churchill, or Nye, and one

that demonstrates the intent identified the above in an Urban area in the following counties: Washoe, Carson, or Clark.

Program funds may support staff salaries, training opportunities, and technical assistance. All successful applicants must demonstrate funding has directly increased access to MAT within their respective FQHC. DHHS will make the final determination of an applicant's abilities and intent to comply with the required program expectations. Funds are intended to help support sustainability.

This is a competitive process and sub recipient(s) who receive awards through this RFA are not guaranteed future funding. All costs incurred in responding to this RFA will be borne by the applicant(s). In the event, no qualified applicants are identified because of this RFA; the State reserves the right to perform alternate measures to identify potential applicants.

The Applicant, its employees and agents must comply with all Federal, State and local statutes, regulations, codes, ordinances, certifications and/or licensures applicable to an operational organization as defined by Category 1 (FQHC only).

Below are the two Funding Categories that can be applied for:

- *Salary Support*
  - Allowable funds for:
    - Eligible providers as defined in Section 605 of the Division of Health Care Financing and Policy Medicaid Services Manual (MSM), Chapter 600 – Physician Services.
    - In addition to eligible providers:
      - Clinical support staff (nurses, medical assistants)
      - Behavioral Health Providers
      - Peer Support Specialists
- *Training and Technical Assistance (No more than 10% of your budgeted costs within the supplemental portion)*
  - Allowable funds for:
    - Training and technical assistance to increase provider competencies specifically related to the treatment, care management, and recovery support of individuals with OUD.
    - Travel required to obtain requested training.

Grant Period
Awards made under this RFA are intended to span two formula years. Year One awards begin September 1, 2017 and end April 30th, 2017. Year two awards begin May 1, 2018 and end April 30th 2019. Awards for Year 2 are subject to funding availability and grantee performance in Year One.

Requirements for FQHC Incubator Grant

Overall Description: Provide a brief narrative for each question below. Number your responses to align with the order the questions are posed. Limit the Overall Description responses to no more than two (2) pages. If question does not apply, put 'NA'.

1) Include a brief history of your organization and all strengths that you consider to be assets to your program;
2) Current programs and activities of the agency;
3) The number of unduplicated patients served;
4) Geographic area served;
5) Staff experience, and/or programmatic accomplishments;
6) Include reasons why your organization is capable of effectively completing the services outlined in the RFA;
7) Applicants should speak to the process used to include input from consumers, providers, or community members in program identification;

Narrative Description: Provide a brief narrative for each question below. Number your responses to align with the order the questions are posed. Limit the Narrative Description responses to no more than four (4) pages. If question does not apply, put 'NA'.

1) Describe the current services provided and what new services would be added.
2) Identify service area and specific services to be implemented and how this aligns with the clinics overall strategic plan. Describe how these expansions have been identified to meet the needs of the community.
3) Describe your in-house as well as community-based partners and process for referrals and how this is tracked. Describe how the need was identified for the community partners.
4) Describe the access to care issue/need and how this project is expected to address it.
5) Describe the number of new, unduplicated patients that is projected to be seen by the end of the project period.
6) Describe the amount of funding needed and how awarded funds would be utilized. Include benchmark for success and how they will be tracked and reported.
7) Address perceived barriers to implementation of the proposed project and identify ways barriers to success will be mitigated.
8) If applying for Salary Support, provide the following information where applicable:
    a) Provide current staffing plan and the proposed staffing plan;
    b) Explain proposed salary support and how it will improve access to service for area residents and/or target population;
    c) Provide a plan that demonstrates how the additional staff will be sustainable after grant funding;
    d) A signed provider employment agreement or letter of intent must be provided with application.

9) If applying for Capital Improvement, provide the following information where applicable:
   a) Provide construction estimate and floor plans;
   b) If Capital Improvements exceed requested amount, briefly describe other funding sources for completion;
   c) Describe renovations or capital improvement to the new expansion site;
   d) State whether the location is leased or owned; if leased, a copy must be provided;
   e) Identify the site address and current and proposed hours of operation.

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

1) Grantees must demonstrate the ability to offer access to services by providing, whenever possible, transportation accessibility, and culturally and linguistically competent services.
2) Applicants must be a public entity in Nevada or a Nevada nonprofit organization with a tax-exempt determination under Section 501(c)(3) of the Internal Revenue Code. If currently debarred, suspended or otherwise excluded or ineligible for participation in federal or state assistance programs, the applicant is ineligible to apply for funds.
3) Applicants must capture data for number of screenings for Tobacco Cessation and the number of referrals made to the Tobacco Quit Line.
4) Applicants must enroll in Nevada 211 by the end of the first quarter.
5) If the applicant has not met performance measures of previous DHHS contracts, DHHS reserves the right to not award additional contracts.
6) All applicants must provide all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. [Section 330(a) of the PHS Act]
7) Funds are awarded for the purposes specifically defined in this document and shall not be used for any other purpose.
8) Funds must only be used to expand an existing or open a new primary health care center and/or meet all the program expectations necessary as defined in HRSA's Draft Health Center Program Compliance Manual.
9) Applicants awarded funds shall leverage FQHC Incubator Project funds with other resources if the actual cost of the deliverable exceeds the allowable and contracted amount.
10) DHHS will conduct on-site reviews annually.
11) DHHS reserves the right during the contract period to renegotiate or change deliverables to: expand services or reduce funding when deliverables are not satisfactorily attained.

Requirements for Opioid STR Grant

Overall Description: Provide a brief narrative for each question below. Number your responses to align with the order the questions are posed. Limit the Overall Description responses to no more than two (2) pages. If question does not apply, put 'NA'.

1) Include a brief history of your organization and all strengths that you consider to be assets to your program;
2) Current programs and activities of the agency;
3) The number of unduplicated patients served;
4) Geographic area served;
5) Staff experience, and/or programmatic accomplishments;
6) Include reasons why your organization is capable of effectively completing the services outlined in the RFA;
7) Applicants should speak to the process used to include input from consumers, providers, or community members in program identification;

Narrative Description: Provide a brief narrative for each question below. Number your responses to align with the order the questions are posed. Limit the Narrative Description responses to no more than four (4) pages. If question does not apply, put 'NA'.

1) Describe the current services provided and what new services would be added.
2) Identify service area and specific services to be implemented and how this aligns with the clinics overall strategic plan. Describe how these expansions have been identified to meet the needs of the community.
3) Describe your in-house as well as community-based partners and process for referrals and how this is tracked. Describe how the need was identified for the community partners.
4) Describe the access to care issue/need and how this project is expected to address it.
5) Describe the amount of funding needed and how awarded funds would be utilized. Include benchmark for success and how they will be tracked and reported.
6) Address perceived barriers to implementation of the proposed project and identify ways barriers to success will be mitigated.
7) If applying for Salary Support, provide the following information where applicable:
   a) Explain how proposed salary support will improve access to medication assisted treatment and behavioral health services for the treatment of opioid use disorder;
   b) Provide current staffing plan and the proposed staffing plan;
   c) Explain proposed salary support and how it will improve access to service for area residents and/or target population;
   d) Provide a plan that demonstrates how the additional staff will be sustainable after grant funding;
   e) A signed provider employment agreement or letter of intent must be provided with application.
8) If applying for Training and Technical Assistance funding, describe the training and technical assistance being requested, which staff would receive such training and technical assistance, and

describe the projected impact on increasing access to medication assisted treatment, recovery support services, and behavioral health services for the treatment of opioid use disorder

9) Describe and justify required clinical support for additional provider (s). Include proposed positions, salaries, and FTE dedicated to new expansion.

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

1) Grantees must demonstrate the ability to offer access to services by providing, whenever possible, transportation accessibility, and culturally and linguistically competent services.

2) Applicants must capture data for number of screenings for Tobacco Cessation and the number of referrals made to the Tobacco Quit Line. Applicants must also collect and report required data elements for the evaluation of the project to be determined within the scope of work.

3) Applicants must enroll in Nevada 211 by the end of the first quarter.

4) Applicants must develop and implement policies that support the co-prescription and/or distribution of Naloxone to patients at risk of opioid overdose.

5) Applicants must obtain Substance Abuse Prevention and Treatment Agency (SAPTA) certification for levels of care provided. * Costs of certification may be included in the proposed budget. Certification review will also include a review using the Dual Diagnosis Capability in Health Care Settings (DDCHCS). Repeated reviews will be conducted at the end of each year of the grant. Certification from SAPTA is required for all funded programs per, **NAC 458.103 Certification required to receive funding from Division. (**NRS 439.200, 458.025**)** A program must be certified by the Division to be eligible for any state or federal money for alcohol and drug abuse programs administered by the Division pursuant to chapter 458 of NRS for the prevention or treatment of substance-related disorders. (Added to NAC by Bd. of Health by R120-04, eff. 10-5-2004)

6) Applicants expanding services to include medication assisted therapies, when those services do not currently exist within an organization or location will be required to participate in Project ECHO MAT Learning Community for providers. Key project personnel must attend these trainings in addition to prescribers.

7) Applicants must enter a formal care coordination agreements with Nevada Opioid Treatment Programs identified as "Hubs," to coordinate care using the stepped care model (Stoller et al, 2016) and participate within the established networks of care for prevention, treatment, and recovery supports for individuals with opioid use disorder (OUD).

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

9) All applicants must provide all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. [Section 330(a) of the PHS Act]

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

11) Applicants awarded funds shall leverage Opioid STR funds with other resources if the actual cost of the deliverable exceeds the allowable and contracted amount.

12) Bureau of Behavioral Health Wellness and Prevention (BBHWP) reserves the right during the contract period to renegotiate or change deliverables to expand services or reduce funding when deliverables are not satisfactorily attained.

*The following steps describe the process to submit a Certification Application along with the funding application:

- Contact J'Amie Frederick from SAPTA via email at jfrederick@health.nv.gov to obtain the SAPTA Certification Application and checklist.
- In additional to the application checklist materials requirements, please include the following items with your Certification Application Packet and submit per the Certification Application.
  - A copy of the manual containing the policies and procedures of the program per NAC 458 / Division Criteria https://www.leg.state.nv.us/NAC/NAC-458.html;
  - Health Care Quality Compliance (HCQC) License if applicable, this would include a Narcotic Treatment Program in which Methadone Maintenance is provided, if applicable.

Copies of FDA Waiver for Physicians, Physician Assistants and Nurse Practitioner's approved to prescribe Suboxone and Subutex

Budget Instructions

All proposals must include a detailed project budget for the first year of the grant. The budget should be an accurate representation of the funds underlined needed to carry out the proposed Scope of Work and achieve the projected outcomes in Year One. If the project is not fully funded, the OCPG will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.

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

* If the applicant is applying for both grants, a separate Budget will need to be provided for each grant.

Categorized Budgets

Personnel:

Employees who provide direct services are identified here. The following criterion is useful in distinguishing employees from contract staff.

CONTRACTOR	EMPLOYEE
Delivers product	The applicant organization is responsible for product
Furnishes tools and/or equipment	The applicant organization furnishes work space & tools
Determines means and methods	The applicant organization determines means and methods

In the narrative section, list each position and provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker's compensation). For example:

   Program Director – ($28/hour x 2,080/year + 22% fringe) x 25% of time = $17,763

   Intake Specialist – ($20/hour x 40 hours/week + 15% fringe) x 52 weeks = $47,840

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

Contractual/Consultant Services:

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the OCPG. A copy of written agreements with all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

Staff Travel/Per Diem:

Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per diem and lodging, and the state rate for mileage (currently 53.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program's service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at https://www.gsa.gov/portal/category/26429.

Equipment:

List equipment to purchase or lease costing $1,000 or more and justify these expenditures. Also, list any computer hardware to be purchased regardless of cost. All other equipment costing less than $1,000 should be listed under Supplies. Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled, inventoried, and tracked as such.

Supplies:

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. As a rule, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased, detail must be provided that explains how the food will be utilized to meet the project goals. Uses that are not in compliance with the Grant Instructions and Requirements will be denied.

Occupancy:

Identify and justify any facility costs specifically associated with the project, such as rent, insurance, as well as utilities such as power and water. If an applicant administers multiple projects that occupy the same facility, only the appropriate share of costs associated with this grant project should be requested in this budget.

Communications:

Identify, justify, and cost-allocate any communication expenses associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

Public Information:

Identify and justify any costs for brochures, project promotion, media buys, etc.

Other Expenses:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Sub-awards, mini-grants, stipends, or scholarships that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so. If there is insufficient room in the narrative section to provide adequate justification, please add a third tab to the budget template for that purpose.

Indirect Costs:

Indirect costs represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 8% of the total direct costs. Indirect costs may not exceed 8% of the total funds being requested; however, if you wish to request less than 8%, you may override the formula (located in Cell C-125).

Budget Summary Form 2

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 ("OCPG") should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through H of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words "Other Funding" in the cell(s) in Row 6 with the name of the funding source. Enter either "Secured" or "Pending" in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the "Total Agency Budget" in Cell J-26 labeled for this purpose. This should include all funding available to the agency for all projects including the proposed project. Cell J-27 directly below, labeled "Percent of Total Budget," will automatically calculate the percentage that the funding requested from the OCPG for the proposed project will represent.

Complete Column I of the form if any program income is anticipated through this project. In Section C below the table, provide an explanation of how that income is calculated.

Additional Resources (In-Kind, Volunteer, or Cash Donations)

Additional resources are not required as a condition of these grants but will be a factor in the scoring. Such resources might include in-kind contributions, volunteer services, or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value.

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are In-Kind contributions.

First Party: Funding Source administered by the OCPG

Second Party: The grantee (and any sub-grantee of project supported by the grant)

Third Party: Everyone else

If the grantee (second party) provides the property or services, then it is considered "cash" contributions, since only third parties can provide "In-Kind" contributions.

When costing out volunteer time, remember to calculate the cost based on the duties performed, not the volunteer's qualifications. For example, an attorney may donate his/her time to drive clients a certain number of hours per month but the donation must be calculated on the normal and expected pay received by drivers, not attorneys.

Submission Instructions and Timelines

Request for application packets are due **on August 14, 2017 by 4:00 PM** to Cindy Smith at CRSmith@dhhs.nv.gov. Attachments are required to be in PDF or Word format.

A Question and Answer (Q&A) period will be provided and all questions are requested to be submitted to Cindy Smith at CRSmith@dhhs.nv.gov no later than 4 PM July 25, 2017. Responses will be provided via a **mandatory** webinar on July 27, 2017 from 2-3:30 PM. Please click on the link to register for the webinar at https://attendee.gotowebinar.com/register/2554055944288485378. A follow up Frequently Asked Questions (FAQ) document will be provided capturing all questions asked and will be distributed on the DHHS Website. Applications are due on Monday, August 14, 2017 no later than 4 PM.

Week	Date	Activity
Week 1	Wednesday, July 19, 2017	RFA is published.
Week 2	Tuesday, July 25, 2017	Deadline for applicants to submit substantive questions about application to OCPG.
Week 2	Thursday, July 27, 2017 2-3:30 PM	Applicant orientation scheduled. ****Attendance is mandatory for all applicants****
Week 3	Monday, July 31, 2017	OCPG posts final Questions and Answers to OCPG website.
Week 5	Monday, August 14, 2017	Applications are due by 4 PM
Week 5 and 6	August 14 – 22, 2017	Review Committee complete reviews.
Week 6	Wednesday, August 23, 2017	Review Committee Meeting- adopts final recommendations for submission to the DHHS Director.
Week 7	Monday, August 28,2017	DHHS Director completes review of recommendations and finalizes awards.
Week 7	Friday, September 1, 2017	OCPG staff finalizes budgets, outcomes and issues Notices of Grant Award.

Submissions should be in Times New Roman font and no greater or smaller than 11-point font. Submissions must abide by the maximum page limitations and exceeding identified limits may be cause for disqualification for review. Any documents or questions that are not applicable identify the question and reflect NA.

Required Attachments for Both Grants

To ensure that this program is sustainable and increases access, the following documents must be completed for the proposed project site per the instructions in the most recent New Access Point (NAP) or Service Area Competition (SAC) Funding Opportunity Announcement released by the Bureau of Primary Health Care:

1) Attachment 1: Service Area Map and Table (Applicable to all Categories)
2) Form 4: Community Characteristics (Applicable to all Categories)

In addition to these BPHC forms, provide the following:

1) Supply any conditions on your BPHC grant(s) for the past three (3) fiscal years and specify the status of those Findings (Applicable to Category 1 and 2)
2) Provide your most recent independent external Audit and/or six months of unaudited Financial Statement (Applicable to all Categories)
3) For Non-FQHC's, provide governance requirements, bylaws, and the mission statement.

Application Checklist for FQHC Incubator and Opioid STR Grant

- ☐ **Cover Page** identifying which grant(s) application is for, name of agency applying, contact person and contact information; and
- ☐ Submission of **Overall Description** questions in order and identifying for which grant(s); and
- ☐ Submission of **Narrative Description** questions in order and identifying for which grant(s); and
- ☐ Understanding that submission of this application means understanding and agreement with **Required Compliance**; and
- ☐ Submission of **Budget** and identifying for which grant(s); and
- ☐ Submission of **Required Attachments**:
    - **Attachment 1** - Attachment 1: Service Area Map and Table (Applicable to all Categories); and
    - **Attachment 2** - Form 4: Community Characteristics (Applicable to all Categories); and
    - **Attachment 3** - Supply any conditions on your BPHC grant(s) for the past three (3) fiscal years and specify the status of those Findings (Applicable to Category 1 and 2); and
    - **Attachment 4** - Provide your most recent independent external Audit and/or six months of unaudited Financial Statement (Applicable to all Categories); and
    - **Attachment 5** - For Non-FQHC's, provides governance requirements, bylaws, and the mission statement.

Appendix A: Scoring Matrix for FQHC Incubator Project

Following is a guide for evaluators to help them determine the appropriate score for each section.

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

   Elements to be evaluated: (1) Qualifications and tenure of staff providing the proposed service (2) Strength of governing board and Bylaws (3) Strategic Plan and Sustainability Plan (4) Project alignment with agency mission and goals.

   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
   - 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
   - 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
   - All 4 elements strong – Score between 21 and 25 points

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

   Elements to be evaluated: (1) Collaboration with internal and external community resources (2) Collaboration's collective impact on community (3) Roles of collaboration's partners

   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
   - 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
   - All 3 elements strong – Score between 11 and 15 points

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

   Elements to be evaluated: (1) Population to Provider Ratio, unduplicated (2) Penetration Rates (3) Access to services addressed (4) Number of new, unduplicated patients

   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
   - 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
   - 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
   - All 4 elements strong – Score between 21 and 25 points

4. **COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 20 Points)**

   Elements to be evaluated: (1) Overall cost-effectiveness of project (2) Appropriate use of funds (3) Use of other resources

   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
   - 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
   - All 3 elements strong – Score between 11 and 15 points

5. **OUTCOMES (Up to 15 Points)**

   Elements to be evaluated: (1) Achievability of outcomes (2) Impact of services to patients (3) Past performance meeting goals, audits and findings
   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
   - 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
   - All 3 elements strong – Score between 11 and 15 points

Appendix B: Scoring Matrix for Opioid STR

Following is a guide for evaluators to help them determine the appropriate score for each section.

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

   Elements to be evaluated: (1) Qualifications and tenure of staff providing the proposed service (2) Strength of governing board and Bylaws (3) Strategic Plan and Sustainability Plan (4) Project alignment with agency mission and goals.

   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
   - 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
   - 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
   - All 4 elements strong – Score between 21 and 25 points

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

   Elements to be evaluated: (1) Collaboration with internal and external community resources (2) Collaboration's collective impact on community (3) Roles of collaboration's partners

   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
   - 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
   - All 3 elements strong – Score between 11 and 15 points

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

   Elements to be evaluated: (1) Population to Provider Ratio, unduplicated (2) Penetration Rates (3) Access to services addressed (4) Number of new, unduplicated patients

   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 6 points
   - 2 or 3 elements strong, others unsatisfactory – Score between 7 and 13 points
   - 2 or 3 elements strong, others satisfactory – Score between 14 and 20 points
   - All 4 elements strong – Score between 21 and 25 points

4. **COST-EFFECTIVENESS AND LEVERAGING OF FUNDS (Up to 20 Points)**

   Elements to be evaluated: (1) Overall cost-effectiveness of project (2) Appropriate use of funds (3) Use of other resources

   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
   - 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
   - All 3 elements strong – Score between 11 and 15 points

5. **OUTCOMES (Up to 15 Points)**

   Elements to be evaluated: (1) Achievability of outcomes (2) Impact of services to patients (3) Past performance meeting goals, audits and findings
   - 0 elements addressed satisfactorily – Score 0 points
   - 1 or 2 elements satisfactory, others unsatisfactory – Score between 1 and 5 points
   - 1 or 2 elements strong, others satisfactory **OR** all 3 elements satisfactory – Score between 6 and 10 points
   - All 3 elements strong – Score between 11 and 15 points

Resources

- The Bureau of Primary Health Care has links to funding opportunities for New Access Points and program requirements for FQHCs and Look-Alikes.
- The Nevada Primary Care Association provides technical assistance to existing and prospective FQHCs and Look-Alikes.
- The Bureau of Health Care Quality and Compliance (HCQC) licenses medical and other health facilities in Nevada in accordance with Nevada Revised Statutes Chapter 449 (NRS 449) and with Nevada Administrative Code Chapter 449 (NAC 449).
- HCQC also has an agreement with the federal Centers for Medicare and Medicaid Services (CMS) to certify some facilities in accordance with the Code of Federal Regulations (Title 42). The purpose of CMS certification is so facilities can accept federal funds such as Medicare and Medicaid.
- Behavioral Health Integration in Medical Care (BHIMC): DDCHCS (3.0) The Dual Diagnosis Capability in Health Care Settings (DDCHCS) instrument assesses the degree to which a Federally Qualified Health Center (FQHC) integrates behavioral health and addiction services. The DDCHCS acts as a practical framework for FQHCs to review policies and guide improvement. DDCHCS builds upon similar instruments such as the Dual Diagnosis Capability in Addiction Treatment Index (DDCAT) and the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT), which measure addiction treatment services and mental health treatment services, respectively. http://www.integration.samhsa.gov/operations-administration/assessment-tools#BHIMC
- Integrated Service Delivery Models for Opioid Treatment Programs in an Era of Increasing Opioid Addiction, Health Reform, and Parity (Stoller et. al., 2016) http://www.aatod.org/wp-content/uploads/2016/07/2nd-Whitepaper-.pdf
- The Division of Public and Behavioral Health certifies substance abuse facilities and programs through its Bureau of Behavioral Health Wellness and Prevention. Per Nevada Revised Statute 458.024(d) and Nevada Administrative Code 458.103 programs and facilities that are not certified are ineligible to receive state and federal funding for alcohol and drug abuse programs. Applicable regulations on certification can be found at https://www.leg.state.nv.us/NAC/NAC-458.html#NAC458Sec103.