



**State of Nevada**  
**Department of Health and Human Services**  
**Office of Community Partnerships and Grants**  
**Problem Gambling Treatment**  
**Request for Application**

**State Fiscal Year 2020 & 2021 Award**

**REVOLVING ACCOUNT FOR THE PREVENTION AND TREATMENT OF PROBLEM GAMBLING**

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

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# Opportunity Summary: Section I

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This Request for Applications (RFA) is for competitive proposals to be funded through the Revolving Account for the Prevention and Treatment of Problem Gambling for State Fiscal Years (SFY) 2020 and 2021. This RFA is published and administered by the Office of Community Partnerships and Grants (OCPG) in the Director's Office of the Department of Health and Human Services (DHHS-DO). **This is a competitive process. Current grantees are not guaranteed funding in SFY2020 & SFY2021 and applicants who receive awards through this RFA are not guaranteed future funding.**

## 1.1 BACKGROUND

Nevada is viewed throughout the world as a leader in the casino and gaming sector with regards to regulation, technology, business strategies, and sophistication of its gaming companies. In the same manner, Nevada has sought to develop systems to reduce gambling-related harms by addressing problem gambling and developing strategies that encourage responsible gaming.

In 2005, the Nevada State Legislature passed Senate Bill 357 to create the Revolving Account for the Prevention and Treatment of Problem Gambling and also an Advisory Committee on Problem Gambling (ACPG) to advise the Department of Health and Human Services (DHHS) in its administration of this account. At the time this Request for Applications (RFA) was written, Nevada Revised Statute (NRS) 458A provided the program structure and NRS 463.320(e) authorized the revenue (\$2 per slot machine per quarter).

Problem Gambling Treatment in Nevada is aligned with the Nevada DHHS Problem Gambling Services Strategic Plan (the Strategic Plan), cooperatively developed in SFY 2019 by DHHS staff, a contracted technical expert, members of the ACPG, and problem gambling grantees. The Strategic Plan includes goals followed by a brief description of ongoing activities and lists of enhancement activities intended to achieve the stated goal. The enhancement activities are listed according to two different scenarios, reflecting different budget realities. Under "Scenario 1", the enhancements assume a relatively flat budget from SFY2018 to SFY2021. Under "Scenario 2", enhancements are contingent on a program budget above SFY2019 levels. This Request for Applications (RFA) was developed assuming "Scenario 1", that is, at the time this RFA was written the projected DHHS Problem Gambling Services budget for SFY2020 and 2021 was projected below SFY2019 levels.

Applicants to this RFA are advised to closely read and understand all the conditions described within the Strategic Plan's Appendix A, the "Problem Gambling Treatment Provider Guide".

Information contained within Appendix A details important conditions related to serving as a DHHS Problem Gambling Treatment grant recipient. The Strategic Plan serves as the foundation for this RFA and may be viewed online: <http://dhhs.nv.gov/Programs/PGS/>

For purposes of this RFA, applicants are asked to describe their service proposal based on the Provider Guide in the most recent edition of the Strategic Plan. However, applicants should keep in mind that changes in service descriptions may occur if treatment demands surpass available funding. Any necessary changes would be made through the same kind of collaborative process that originally produced the strategic plan.

## **1.2 AVAILABLE FUNDING**

Projected available funding for Problem Gambling Treatment Services in SFY2020 is \$893,500 and in SFY19 is \$893,500. Additional monies may be placed in reserves and made available each fiscal year for program needs such as contract budget adjustments based on factors that include higher than projected treatment encounter billing and/or other emerging needs. These projections are subject to the availability of funds as well as all changes made by the 2019 Nevada Legislature during the state budgeting process. If changes occur, an amendment to this RFA will be published.

## **1.3 GRANT PERIOD**

Awards made under this RFA are intended to span two State Fiscal Years – 2020 and 2021. This is a two year award beginning July 1, 2019 and end June 30, 2021. All awards are subject to funding availability and contingent on grantee performance over the two-year course of the grant.

## **1.4 PURPOSE OF FUNDING**

The purpose of the funding is to support a network of effective and efficient problem gambling treatment programs in Nevada to reduce the occurrence and impact of problem gambling on individuals, families, and communities. Problem Gambling Treatment is defined as the application of counseling to reduce or eliminate symptoms related to problem gambling. Treatment must be administered by a Certified Problem Gambling Counselor (CPGC) or Certified Problem Gambling Counselor Intern (CPGC-I) approved by the Nevada Board of Examiners for Alcohol, Drug and Gambling Counselors, and may include:

- Inpatient and/or outpatient services;
- Individual, group therapy, family therapy, and psycho-educational groups;

Successful applicants who receive grant funds to provide Treatment Services **must** comply with all standards and provisions detailed in the Nevada DHHS Problem Gambling Services Strategic Plan including, but not limited to, the following:

- Appendix A: DHHS Problem Gambling Treatment Provider Guide (pages 31-60)
  - Exhibit 1: Residential Gambling Treatment Provider Standards (page 39)
  - Exhibit 2: Gambling Treatment Provider Standards (pages 40-48)
  - Exhibit 3: Encounter Data Reporting Requirements (pages 49-52)
  - Exhibit 4: Nevada DHHS Problem Gambling Services Procedure Codes and Reimbursement Rates (pages 53-57)
  - Exhibit 5: Problem Gambling Treatment Benefit Extension Request Form (pages 58-60)

The standards and provisions detailed in the Nevada Problem Gambling Services Strategic Plan are subject to change during the grant period. If changes are made, those would most likely be to add service codes, revise data reporting requirements, or provide additional details for clarifying clauses or conditions.

## **1.5 REIMBURSEMENT METHOD**

All applicants whose proposals are funded will be reimbursed for treatment services based on the Procedure Codes and Reimbursement Rates in Exhibit 4 of the Nevada Problem Gambling Services Strategic Plan (pages 53-57). As the Strategic Plan is designed as a living document, one that is to be revised as emerging needs are identified, the details in Exhibit 4 of the Strategic Plan are subject to change. Changes made to the Strategic Plan are accomplished through a collaborative process with grantees and the ACPG.

## **1.6 REPORTING AND OTHER REQUIREMENTS**

All applicants whose proposals are funded will be required to report as described in the Strategic Plan and may also be required to submit to the DHHS OCPG quarterly progress reports based on approved outcome measures no later than 30 days following the end of each quarter.

All subrecipients providing direct services to clients are required to submit organizational and service information to Nevada 2-1-1 and to update that information annually. Proof of submission and/or updates will be required within the first 90 days. Further, successful applicants will be required to provide and update the Nevada Council on Problem Gambling with information relevant to listing gambling treatment services on the Nevada Problem Gambling Helpline, a service provided by the Nevada Council on Problem Gambling.

## **1.7 ELIGIBILITY**

All nonprofit and public agencies (including state, local and tribal governmental agencies, universities and community colleges) and for-profit agencies can apply if interested in providing services that address one or more of the funding priorities described in this RFA. Because the purpose of this RFA is to develop a network of gambling treatment providers that are geographically distributed according to need, awardees must agree to continue to provide gambling treatment services at the location described in their application throughout the grant period, unless Department pre-approval for relocation is obtained.

## **1.8 EXPLANATION OF COMPETITIVE PROCESS**

This is a competitive grant solicitation process structured to meet accepted industry standards. It is inappropriate for applicants to attempt to influence the outcome in any manner other than by submitting a strong proposal. Transparency and respect of the process are essential for a fair result.

## **1.9 USE OF THE TERMS APPLICATION, PROPOSAL AND REQUEST**

Throughout this document, the words “application” and “proposal” may be used interchangeably. Both refer to the documents that applicants will submit to support funding for their projects. In this section, a distinction is made between those documents and the point at which the documents become a qualified “request.”

# Application Process: Section II

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## 2.1 MANDATORY ORIENTATION

To clarify the application process for this RFA, applicants must either:

1. Attend the Orientation Session on Wednesday, January 9, 2019, from 1:30 – 3:30 pm which will be conducted via webinar. Individuals and/or organizations interested in this RFA opportunity are to contact Cathy Council at [council@dhhs.nv.gov](mailto:council@dhhs.nv.gov) by 3:00 pm on Tuesday, January 8, 2018 so that the link to the webinar can be provided.

OR

2. View the complete Orientation Session webinar recording by Monday, January 14, 2019, 5:00 PM. Within 24 hours following the live Orientation Session, a link to the webinar recording will be available on the OCPG website <http://dhhs.nv.gov/Grants/>

Verification of the mandatory orientation attendance is based on webinar registration and log-in, so applicants must be sure that at least one representative of their organization is logged into either the live Orientation webinar session or Orientation webinar recording.

## 2.2 APPLICATION QUESTIONS AND ANSWERS

Substantive questions about the application may be made during the January 9<sup>th</sup>, 2019, Orientation Session or submitted via e-mail to [GMU@dhhs.nv.gov](mailto:GMU@dhhs.nv.gov) through **Wednesday, January 16, 2019**, and will be posted to the OCPG website <http://dhhs.nv.gov/Grants/> with responses, by Wednesday, January 23, 2019. The Q&A will remain on the website through the end of the application period. **After January 16, 2019, no substantive questions about the application will be answered.**

Technical questions about the application submittal process may be directed via e-mail at [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov) or via telephone at (775) 684-3470 throughout the application period. Applicants are advised not to wait until the deadline to ask submittal questions since the OCPG cannot guarantee immediate response and applications submitted after the published deadline will be disqualified.

## 2.3 EVALUATION AND AWARD PROCESS

Proposals received by the published deadline of **5 PM Friday, February 15, 2019** will be reviewed in a three-step process.

1. Staff from the DHHS OCPG will review applications to ensure that minimum standards are met. Applications **may** be disqualified if they:
  - Are missing any fundamental elements (unanswered questions, required attachments);
  - Do not meet the intent of the RFA; or
  - Are submitted by an entity that is financially unstable as evidenced by information gleaned from the fiscal management checklist and required fiscal documents.
2. Applications that meet minimum standards will be forwarded to a review team composed of DHHS OCPG staff and business associates. Reviewers will score each application, using the Scoring Matrix in [Appendix A](#) of this document, and develop preliminary funding recommendations for consideration by the Advisory Council on Problem Gambling (ACPG). Award recommendations will be based on a combination of reviewer scores, geographic distribution of applicants, and geographic distribution of proposed services including service type and populations served. Funding awards for applicants who are SFY18-19 Nevada Problem Gambling Treatment grantees will be determined based on an allocation formula developed by DHHS OCPG and Problem Gambling contracted technical expert (see [Appendix B: Funding Formula for Current Grantees](#)).
3. In a public meeting scheduled for **Thursday, April 18, 2019** ACPG members without a conflict of interest will discuss results of the reviews, funding recommendations prepared by the review team, and the performance of current or past grantees. ACPG members with a conflict of interest (i.e., members who have applied for funding or have an affiliation with an applicant agency) will be excused from Step 3 of the process. After the committee discussion, the ACPG will recommend applicants for funding to the DHHS Director. No specific grant award amounts will be recommended. At this time, the ACPG may also recommend changes in an applicant's service plan to address concerns brought forward during the reviews.

Final funding decisions will be made by the DHHS Director based on the following factors.

- Consideration of the recommendations of the ACPG
- DHHS review team scores and comments
- Reasonable geographic distribution of available funds within the Revolving Account for the Prevention and Treatment of Problem Gambling



- Conflicts or redundancy with other federal, state or locally funded programs, or supplanting (substitution) of existing funding
- Availability of funding

Applicants not selected for an award may submit a complaint according to details found in Appendix E. **For applicants who are selected for an award, funding decisions made by the DHHS Director are final. There is no appeals process.**

Applicants will be notified of their status after the Director’s decisions have been made. DHHS OCPG staff will conduct negotiations with the applicants recommended for funding. During these negotiations, any specific issues identified by the ACPG, the OCPG, or the DHHS Director will be addressed. These issues may include, but are not limited to:

- Revisions to the Scope of Work
- Revisions to outcomes
- Enactment of Special Conditions (e.g., certain fiscal controls, more stringent performance requirements, more frequent reviews)

Not all applicants who submit a qualifying proposal or are contacted for final negotiations will necessarily receive an award. All questions and concerns must be resolved before a grant will be awarded. Upon successful conclusion of negotiations, DHHS OCPG staff will complete and distribute to grantees the Notice of Sub Award (NOSA), General Conditions and Grant Assurances, and Grant Instructions and Requirements (GIRS).

Awards will be based on a “not to exceed” grant amount that may be increased or decreased during the grant year, depending on utilization patterns of all treatment grantees and other conditions as detailed in the Strategic Plan, Appendix A, Section IV-A, Item 18 (page 33).

DHHS is not responsible for any costs incurred in the preparation of the application. All applications become the property of DHHS. DHHS, in coordination with the ACPG, reserves the right to accept or reject any or all applications. Projects awarded funding are those deemed to be in the best interest of the people of the State of Nevada.

**ALL FUNDING IS CONTINGENT UPON AVAILABILITY OF FUNDS.**

## 2.4 AWARD OVERVIEW TIMELINE

	<b>Applications for Problem Gambling Programs</b>
Friday, January 4, 2019	Publish Request for Applications (RFA)
<b>Wednesday, January 9, 2019 1:30 – 3:30 pm</b>	<b>Orientation held via webinar. <u>Attendance is mandatory.</u></b> <i>See Section 2.1 of this RFA for details</i>
<b>Wednesday, January 16, 2019 5:00 pm</b>	<b>Deadline for submission of substantive questions about RFA</b>
Wednesday, January 23, 2019	DHHS posts final Q & A for RFA on website
<b>Friday, February 15, 2019 5:00 pm</b>	<b>Deadline for submission of applications</b>
Monday, March 4, 2019	Applications are forwarded to reviewers
Friday, March 22, 2019	Reviewers return results of evaluations to DHHS
Monday, April 8, 2019	DHHS staff provides ACPG with results of reviews and recommendations
<b>Thursday, April 18, 2019</b>	<b>ACPG Meeting - Committee discussion, award recommendations</b>
Tuesday, April 30, 2019	DHHS Director makes final funding decisions
May 1, 2019 through June 12, 2019	DHHS staff conducts final negotiations with funded agencies and issues grant awards
Monday, July 1, 2019	Effective date for funds awarded to agencies

## 2.5 NOTIFICATION AND AWARD PROCESS

Applicants will be notified of their status with a Letter of Intent after decisions have been made in May 2019.

DHHS staff will conduct negotiations with the applicants regarding the recommendation for funding to address any specific issues identified by the DHHS, ACPG, or review panel. All related issues must be resolved before a grant will be awarded. These issues may include, but are not limited to:

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

Upon successful conclusion of negotiations, DHHS staff will complete a written grant agreement in the form of a Notice of Subaward (NOSA). The NOSA documents and Grant Instructions and Requirements (GIRs) will be distributed to the subrecipient upon approval of the subaward.

## 2.6 UPON APPROVAL OF AWARD

### A. Monthly Financial Status and Request for Funds Report filing

DHHS requires the awardees of this RFA to submit individual-level service delivery activity (encounter data) each month as detailed in the Strategic Plan, under Exhibit 3.

The data collection process is intended to create as minimal a burden on Providers as possible, while creating a sound documentation trail for necessary fiscal auditing that will occur at least once each year for all Providers. The system is designed to provide optimal flexibility for Providers to facilitate minimum changes to local procedures. All Providers will be required to comply with DHHS procedures for HIPAA compliance.

At the time the Strategic Plan was accepted (December 2019), the UNLV International Gaming Institute was the DHHS designee to manage the encounter data collection process. Should a different entity be designated in the future, DHHS will amend the Treatment Strategic Plan and communicate the change to Providers.

The UNLV International Gaming Institute has created an online data management system, to submit intake, encounter, and discharge data electronically, for use by all Providers. Data entry must be completed monthly by Providers in order to receive compensation for

services provided. Please note that the claims reporting, review, and payment process may result in payment for a given service taking up to 90 days post-service.

## **B. Performance Report**

Applicants who receive an award must collaborate with DHHS in completing the “Scope of Work” form (see Appendix D) and reporting quarterly on progress in meeting the deliverables as described on this form. Additionally, other performance reports may be requested as instructed by DHHS. Quarterly progress reports will be due by the 15th of the month following the end of the reporting quarter. Failure to meet defined performance standards may result in corrective actions, funding reductions, and/or loss of grant award.

## **C. Recipient Monitoring**

No less than once per year, DHHS Problem Gambling Service staff and/or their designees, will conduct a problem gambling treatment program review that will include an audit of at least one month of encounter claims and a sampling of client file reviews. The purpose of the program review is to ensure recipients are knowledgeable and compliant with the conditions of the grant award, including the problem gambling treatment provider guide (see Problem Gambling Services Strategic Plan, SFY 2020-202 at <http://dhhs.nv.gov/> ). Gambling treatment grant recipients must make reasonable accommodations for DHHS to conduct program reviews. Recipients are not reimbursed for their time in preparing for and meeting with DHHS staff during program reviews, which may take up to 8 hours per program review.

## **D. Compliance with Changes to Federal and State Laws**

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

## **E. Nevada 2-1-1 and the Nevada Problem Gambling Helpline**

All successful applicants will be required to add or update their agency’s profile on Nevada’s 2-1-1 website located at [www.nevada211.org](http://www.nevada211.org) within 60 days after receiving notification of award and provide verification of enrollment. Nevada 2-1-1 is a statewide resource for individuals looking for assistance, services, and programs. Further, successful applicants will be required to provide and update the Nevada Council on Problem Gambling with information relevant to listing gambling treatment services on the Nevada Problem Gambling Helpline, a service provided by the Nevada Council on Problem Gambling.

# Application: Section III

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## 3.1 APPLICATION INSTRUCTIONS

- A. Completed application are due no later than **Friday, February 15, 2019, by 5:00 PM**. Application must be submitted online by emailing all required documents in a single email to [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov). In the subject line of the email place the RFA title, "Problem Gambling Treatment RFA Response from [name of applicant]".

If a single email is too large to be accepted for transmittal or delivery by an email system used in the transmittal of the application then more than one email may be sent by indicating in the email subject line that the application has been emailed in parts (e.g., "Part 1 of 3").

If you do not receive an acknowledgement of application receipt with 72 hours, please contact Kim Garcia via e-mail at [kigarcia@dhhs.nv.gov](mailto:kigarcia@dhhs.nv.gov) or via telephone at (775) 684-4057.

- B. A complete application will require the following list of items to be included in the proposal. **Convert all items into PDF document format:**

- Application Form / Description of Applicant Organization
- Service Description / Proposal Narrative (*15-page max for outpatient, 17-page max for combined outpatient and residential treatment, 1.0" margins, 11-pt Arial font*)
- Completed Scope of Work Form located in Appendix D
- Proof of agency liability insurance
- Proof of workers' compensation insurance
- Most recent Single Audit and Management Letter (if agency receives more than \$750,000 annually in federal funds) OR most recent year-end financial statements (if federal audit is not applicable.)
- Copy of treatment clinician(s) licenses, certifications, and resumes
- As applicable, copy of agency's IRS 501(c)(3) Letter of Determination
- As applicable, Letters of Agreement or Memorandums of Understanding
- As applicable, Draft Agreements with Sub-awardees
- As applicable, Board of Directors or Other Governing Board Roster, including member affiliations and terms of office

- As applicable, copy of agency licenses and certifications
- C. There is no option to attach unsolicited materials to the online application. Any unsolicited materials mailed, delivered or e-mailed to DHHS OCPG will **not** be accepted. This includes support letters, cover pages, cover letters, brochures, newspaper clippings, photographs, media materials, etc.
- D. Complete the Application Checklist located in Appendix C prior to scanning/submitting. The Application Checklist is for the benefit of the applicants and is not required to be included in the submission packet.
- E. Once the application is submitted, no corrections or adjustments may be made prior to the negotiation period.

### 3.2 APPLICATION FORM

**Note:** A completed Application Form is mandatory. If the Application Form is not completed in full the application may be rejected or for minor deficiencies may receive a 5-point reduction in the scoring total.

**Instructions:** Complete each item. Add extra rows if more space is needed to provide complete response.

**A. Organization Type**                     For-Profit     501(c)(3) Nonprofit

**B. Geographic Area of Service** (list all locations where in-person services will be provided)

<input type="checkbox"/> Address(es)	
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**C. Applicant Organization**

Name		
Mailing Address		
Physical Address		
City & State		Zip (9-digit)
Federal Tax ID #		
DUNS #		

**D. Program Point of Contact**

Name		
Title		
Phone		
Email		
Same mailing address as section B?	<input type="checkbox"/> Yes <input type="checkbox"/> No, use below address information	
Address		
City		Zip (9-digit)

**E. Fiscal Officer**

Name & Title	
Phone & Email	

**F. Subcontracting of Services**

Does your organization subcontract its services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subcontractor	
Mailing Address	
Physical Address	
City	Zip (9-digit)
Federal Tax ID #	(xx-xxxxxxx)

**G. Key Personnel**

Name	Title	Licensed/Certified? <i>If yes, include copy of licenses/certifications in application</i>
		<input type="checkbox"/> Yes, CGAC or CGAC-I <input type="checkbox"/> Yes, other <input type="checkbox"/> No
		<input type="checkbox"/> Yes, CGAC or CGAC-I <input type="checkbox"/> Yes, other <input type="checkbox"/> No
		<input type="checkbox"/> Yes, CGAC or CGAC-I <input type="checkbox"/> Yes, other <input type="checkbox"/> No
		<input type="checkbox"/> Yes, CGAC or CGAC-I <input type="checkbox"/> Yes, other <input type="checkbox"/> No

**H. Medicaid Payers of Services**

Does your organization or its subcontractors bill Medicaid for services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Gambling Disorder becomes a Nevada Medicaid covered primary diagnosis, list the names of Nevada Medicaid Enrolled Providers employed or contracted by your organization that would be eligible to bill Medicaid for gambling treatment services.	



**I. Third-Party Payers of Services**

Does your organization or its subcontractors bill any third-party payers (e.g. insurance companies) for services? <input type="checkbox"/> Yes, specified below <input type="checkbox"/> No			
Third-Party Payers	Period	Billables Received (\$)	Percentage of Operating Income (%)

**J. Current Funding**

Funding	Type	Project Period End Date	Amount Awarded (\$)

**K. Certification by Authorized Official**

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements detailed within Appendix A of the Strategic Plan and of the legislation governing the grant as indicated by DHHS and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

\_\_\_\_\_  
Name (type/print)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### 3.3 PROPOSAL NARRATIVE

**Instructions:** Content defined in this section must be submitted by each applicant. The applicant is limited to a total of 15 pages for applicants proposing outpatient gambling treatment services and 17 pages for applicants proposing both outpatient and residential gambling treatment services. Pages must be formatted to use 1.0" margins and 11-point Arial font. The page limits exclude the Application Form (3.2) and attachments required under section 3.1.

*Refer to the Nevada Problem Gambling Treatment Strategic Plan for details about provider standards and expectations. Note only those treatment services with a code and rate on Pages 53-57 of the Strategic Plan are eligible for reimbursement with these funds then answer the following questions.*

#### I: Executive Summary (0 points)

Provide an overview of the proposed program or project.

#### II: Services Provided (40 points)

(a) Describe the services you will provide that fit within the "Treatment" and "Recovery" components of the Behavioral Health Continuum of Care (described on pages 12-13 of the Strategic Plan). Describe specific recovery support services and care coordination elements within your proposed program.

(b) Describe your treatment models and methods. Include details about how you develop a treatment plan.

(c) Describe how your proposed models and methods correspond or differ with the Strategic Plan's Guiding Principles (Section III, p13-14).

(d) Describe measures to assure screening, assessment, and treatment or referral for possible co-occurring substance use disorders, mental health disorders, or physical health issues.

(e) If you plan to provide multiple levels of care, estimate the percentage of your clients whose primary course of problem gambling treatment will consist of ASAM Level I outpatient care, ASAM Level II intensive outpatient care, and ASAM Level III residential treatment. For residential treatment applicants, estimate the percentage of your clients who will receive a combination of inpatient and outpatient treatment at your facility. For more information on ASAM levels of care see: <http://www.asam.org/quality-practice/guidelines-and-consensus-documents/the-asam-criteria>

(f) Complete Appendix D, Scope of Work, and attach to the application.

*Note, successful applicants will have the opportunity to revise the proposed Scope of Work if (a) there are discrepancies between funding requested and funding awarded or (b) at the request of DHHS or (c) at the request of the grantee with DHHS approval*

**(g) For Residential Treatment Providers Only:** If funding constraints allow for only one residential treatment program through this Request for Applications, and your organization is that program, how will you market your services, how will you facilitate transportation to and from your program, and what measures will you take to facilitate a smooth step-down transition from residential treatment to the client's local treatment or support resources?

### **III: Population to be Served (15 points)**

(a) What geographical area will you serve? Provide the address of all the locations where your program will be staffed by a CPGC or CPGC-I. Indicate whether you will be providing statewide services and if so explain how. Describe your primary treatment catchment area (Where do you expect most of your clients will come from?), include information about this area such as demographics of the area. As the Las Vegas Metro area is large and populous, if your program is based in the Las Vegas area describe what regions within the metro area you anticipate will form your client base.

(b) Provide a statement of need for the catchment area you propose to serve including current gambling treatment availability and any gaps you propose to fill within the proposed program's catchment area.

(c) Do you plan to target any special populations (e.g., veterans, seniors, traditionally underserved ethnic populations, persons with disabilities, youth)? If so, describe the populations and specific efforts and resources/partners that suggest those efforts will be successful. What led you to target your services in this manner?

### **IV: Organization and Staff (20 points)**

(a) Provide an overview of your organization. How long have you been in business? How has the organization grown through the years? Is there a business plan in place?

(b) Provide a list of key staff members including the executive director, program manager, fiscal manager and program staff. For counselors, indicate whether they are a Certified Problem Gambling Counselor, Certified Problem Gambling Counselor Intern (CPGC-I), or hold other certifications, licensures, credentials, or experience that demonstrates their ability to succeed as a treating clinician for individuals with gambling disorders. For all staff, indicate the length of time they have worked in the problem gambling field and for the organization.

(c) To what extent will you use CPGC-I(s) in the provision of service to State subsidized clients? If you will use CPGC-I(s), describe the supervision they will receive.

(d) Does your organization hold any certifications, licenses, or letters of approval as a treatment agency? If so, please provide details. Has your organization ever had disciplinary or legal action taken against it for ethical, legal, or contract violations? If so, please explain

(e) Provide any additional details about your organization that you believe adds to its credibility as a viable candidate to provide state support gambling treatment services.

**V: Support of DHHS Problem Gambling Services 2020 & 2021 Strategic Plan’s Treatment System Goals and Enhancement Activities (15 points)**

The Strategic Plan includes a section on “Goals, Activities, Enhancements” (Section IV, p16-29) including a section under the heading “Treatment System” (p. 25). The following questions reflect upon these system goals.

(a) What steps would you take to increase problem gambling treatment enrollments by no less than 10% each year?

(b) What steps will you take to meet defined performance standards (refer to Page 33 of the Plan for a description of the gambling treatment provider performance standards)? Provide any data or information that supports your ability to meet these standards.

(c) Describe how you will incorporate the “Add-on” procedure codes and rates listed under Exhibit 4 of the Strategic Plan (p. 56).

**VI: Funding Request (10 points)**

**(a) For Current Grantees:** Funding for treatment will be allocated based on a formula developed by the DHHS OCPG and used in previous years (See Appendix B of the RFA.) Apply this allocation formula by completing the table below for your agency. If you do not have the data available, request the information from your DHHS grant administrator.

Draws from July 2018 through January 2019	Total SFY19 Projected Claims (July-January x 1.71)*	Performance Rating Adjustment** (8/8 performance standards = 15% increase, 7/8 = 10%, 6/8 = 5%, 5/8 = 0%, 4/8= -10%, 3/8 = -20%	Projected Need for FY20 Award***

*\*For successful applicants, DHHS may revise the SFY19 Projected Claims figure for this cell of the formula to include claims data from February, March, and April.*

*\*\*Performance rating adjustment based on SFY2018 findings as reported in the UNLV International Gaming Institute, Nevada Problem Gambling Study, Annual Report, Fiscal Year 2018.*

*\*\*\*This formula will be used to provide beginning of the year allocations. At least one adjustment each fiscal year will be made to best match available funding with updated grantee claims data. Allocation adjustments may increase or decrease award amounts over the course of the grant period based on grantee claim totals, systemwide claim totals, and available funding.*

**(a) For New Applicants / Applicants who are Not a Current Grantee:** Sharing principles with the funding formula for current grantees, new applicants must base their funding requests on two primary factors; projected number of clients to be served and average cost per problem gambler treatment episode. To calculate funding request, complete the below table:

**Funding Request Formula: Applicants who were not gambling treatment grantees in SFY2019**

Enrollment Category	Projected Number of Enrollments in SFY 2020	Average Case Cost	Total
Outpatient Gambling Treatment		\$1,313	
Outpatient Concerned Other		\$704	
Residential Gambling Treatment		\$2,537	
<b>Total Funds Requested</b>			

*Note: Average case cost based on actual data from SFY2018 and were calculated from all enrollments including those who left treatment against staff advice and successful completers.*

Provide a detailed justification for the projected number of clients to be served and how that projection was formulated including assumptions. Cite any applicable historical data, research, or other supporting information.

**(b) All Applicants:** Grantees are encouraged to support their problem gambling treatment services from multiple funding streams including Medicaid, private insurance, charitable fund raising, corporate sponsorship, etc. List sources of income, financial support, donated services, or any collaborative projects your organization is engaged in, that will help sustain and grow services for problem gamblers and their concerned others should funding from this RFA’s resulting grants be insufficient to meet treatment demand or other identified needs.

## APPENDIX A: PROBLEM GAMBLING TREATMENT SERVICES SCORING MATRIX

Accepted proposals will be evaluated based on the following criteria:

- A. All parts of each section are included and addressed.
- B. Descriptions and detail are clear, organized and understandable.
- C. Descriptions are responsive to the intent of the RFA objectives.
- D. The overall ability of the applicant, as judged by the evaluation committee, to successfully provide services in accordance with the Problem Gambling Prevention Guidelines.
- E. Proposals with an average score lower than 60 may be excluded from further consideration.

Points will be assigned for each item listed as follows:

- 80% - 100% of Maximum Points:** Applicant’s proposal or capability is superior and exceeds expectations for this criterion.
- 60% - 79% of Maximum Points:** Applicant’s proposal or capability is satisfactory and meets expectations for this criterion.
- 40% - 59% of Maximum Points:** Applicant’s proposal or capability is unsatisfactory and contains numerous deficiencies for this criterion.
- 0 – 39% of Maximum Points:** Applicant’s proposal or capability is not acceptable or applicable for this criterion.

The maximum points to be awarded for each proposal section are as follows:

Proposal Component	Potential Maximum Score
I. Executive Summary	Not Scored
II. Services Proposed/ Program Description	40
III. Population to be Served	15
IV. Organization and Program Staff	20
V. Support of DHHS Problem Gambling Services 2020 & 2021 Strategic Plan’s Treatment System Goals and Enhancement Activities	15
VI. Funding Request	10
<b>Total*</b>	<b>100</b>

*\*A completed Application Form (Section 3.2) is mandatory. If the Application Form is not completed in full the application may be rejected or for minor deficiencies may receive a 5-point reduction in the scoring total.*

## APPENDIX B: FUNDING FORMULA FOR CURRENT GRANTEES

### Problem Gambling Treatment Funding Awards for SFY2020 Based on Draws in SFY19

	Draws from July 2018 through January 2019	Total SFY19 Projected Claims	Performance Rating Adjustment* (8/8 performance standards = 15% increase, 7/8 = 10%, 6/8 = 5%, 5/8 = 0%, 4/8 = -10%, 3/8 = -20%)	SFY 2019 Grant Award	Difference Plus/Minus in Award	Projected Need for FY20 Award
<b>TOTALS</b>						
<b>Total Funding Available</b>						
<b>Difference (Total Funding Available - Total SFY20 Funding Need)</b>						

#### **DHHS Problem Gambling Treatment Grantee Performance Standards**

**Access:** The amount of time between a problem gambling affected individual’s request for outpatient services and the first offered service appointment must be five business days or less for at least 90% of all individuals receiving services funded through this Agreement.

**Retention:** The percent of problem gambling affected individuals receiving services funded through this Agreement who actively engage in problem gambling treatment for at least 10 clinical contact sessions must not be less than 50%.

**Successful Completion:** The percent of all individuals receiving services funded through this Agreement who successfully complete treatment must not be less than

50%. A successful problem gambling treatment completion is defined as the individual's: (a) achievement of at least 75% of short-term treatment goals; (b) completion of a continued wellness plan (i.e., relapse prevention plan); and (c) lack of engagement in problem gambling behaviors for at least 30 days prior to discharge from services.

**Client Satisfaction:** The percent of problem gambling affected individuals receiving services funded through this Agreement who complete a problem gambling client satisfaction survey would positively recommend the Provider to others must not be less than 85%.

**Long-term Outcome:** The percent of problem gambling affected individuals receiving services funded through this Agreement who successfully complete treatment whose responses to a problem gambling follow-up survey suggest maintained improvement at twelve months after intake must not be less than 50%.

**Consent for Follow-Up Evaluation:** percentage of problem gambling affected individuals receiving services funded through this Agreement at each clinic consenting for follow-up evaluation should be no less than 80% of the average percentage of clients consenting system-wide.

**Service Cost Share:** The percentage of total reported services not claimed for DHHS reimbursement should be no less than 75% of the average percentage of total reported services not claimed for DHHS reimbursement across DHHS treatment grantees excluding statistical outliers.

**Documentation Accuracy:** A comparison of documented clinical services provided within client files and client sign-in sheets with encounters entered into the UNLV Problem Gambling Treatment Data Management System must have a correspondence rate of 95% or greater for any period of 28 consecutive calendar days or longer.



## APPENDIX C: APPLICATION CHECKLIST

Complete this checklist prior to scanning/submitting.

### Section I: Application Form

- All boxes are checked to indicate the correct answer.
- All fields are completed according to instructions on pages 8-10.
- Certification is signed.

### Section II: Narrative

- Section 3.3-I: Executive Summary*
- Section 3.3-II: Services Proposed/ Program Description*
- Section 3.3-III: Population to be Served*
- Section 3.3-IV: Organization and Program Staff*
- Section 3.3-VI: Support of DHHS Problem Gambling Services 2020 & 2021 Strategic Plan's Treatment System Goals and Enhancement Activities*
- Section 3.3-VI: Funding Request*
- Page limits have not been exceeded.
- Arial 11-point font has been retained.
- One-inch margins have been retained.

### Application Submission

Include copies of the following:

- Completed Scope of Work Form located in Appendix D
- Proof of agency liability insurance
- Proof of workers' compensation insurance
- Most recent Single Audit and Management Letter (if agency receives more than \$750,000 annually in federal funds) OR most recent year-end financial statements (if federal audit is not applicable.)
- Copy of treatment clinician(s) licenses, certifications, and resumes
- As applicable, copy of agency's IRS 501(c)(3) Letter of Determination
- As applicable, Letters of Agreement or Memorandums of Understanding
- As applicable, Draft Agreements with Sub-awardees
- As applicable, Board of Directors or Other Governing Board Roster, including member affiliations and terms of office
- As applicable, copy of agency licenses and certifications
- A PDF will be emailed to [GMU@DHHS.NV.GOV](mailto:GMU@DHHS.NV.GOV) with all required documentation no later than February 15, 2019 by 5pm.

## APPENDIX D: SCOPE OF WORK FORM

### Description of Services, Scope of Work and Deliverables

\*Provide a brief summary of the project or its intent here. This section should be written in complete sentences.

#### Scope of Work

**Goal 1:** Increase enrollments into gambling treatment services by 10% from the previous fiscal year.<sup>1</sup>

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Enroll XX individuals with gambling disorder into treatment	1.	6/30/20	1. Encounter data reports
2. Enroll XX concerned others of gambling disordered individuals	2.	6/30/20	2. Encounter data reports

**Goal 2:** Provide recovery support services to XX individuals discharged from gambling treatment

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Provide aftercare encounter billing for XX individuals	1.	6/30/20	1. Encounter data reports

**Goal 3:** Meet all the Performance Standards as described in the DHHS Problem Gambling Services Strategic Plan (p.33)

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>
1. Meet 100% of the performance standards described in the Strategic Plan	1. Establish and implement continuous quality assurance practices to meet DHHS gambling treatment grantee performance standards.	6/30/20	1. UNLV Gambling Treatment Provider Performance Report
	2. Prepare and participate in DHHS Program Reviews and implement resulting corrective actions to address findings	6/30/20	2. DHHS Gambling Treatment Program Review Findings Report

<sup>1</sup> To better standardize enrollment goals across all problem gambling treatment grantees, the Department will determine grantee treatment enrollment goals by dividing grant award amounts by the average system-wide cost per client during SFY18 (\$1,313 for outpatient and \$2,537 for residential treatment clients). Additionally, family members or concerned others of problem gamblers are expected to make up at least 10% of the total enrollments for outpatient gambling treatment providers.

## APPENDIX E: COMPLAINTS FROM APPLICANTS NOT SELECTED

The Office of Community Partnership and Grants (OCPG) is responsible for the development, release, review, and accountability of Grants. Due to various Grant funding sources, there are various regulation and authorities in which OCPG must abide by, both federal and state.

The OCPG is required to abide by the [Nevada State Administrative Manual](#) (SAM) and stay apprised on any revisions. Section 3000 – Federal Grant Procedures, outlines additional information related to Grants, including the related Nevada Revised Statutes (NRS) related to compliance. Section 3020 – Grant Awards specifically identifies the guidelines in which OCPG may award grants. Below is cited from Section 3020 of the SAM:

*The procedures must include:*

- 1. Written guidelines which help applicants determine whether and how to apply for the grant.*
- 2. A method to publicize grant opportunities.*
- 3. A structured applicant review process using pre-established criteria and a scoring system. (Note: a scoring system is not required if the grant specifies the entity who shall receive the funds and how the funds will be allocated.)*
- 4. A procedure for dealing with complaints from applicants who were not selected for award. These complaints should be investigated by someone of authority.*
- 5. A written grant agreement to be used upon issuing the award.*
- 6. Guidelines that address conflicts of interest.*
- 7. Procedures for reporting fraud and waste.*

Section 3020 for the SAM further states:

*Agencies must have a procedure for responding to complaints from applicants who were not selected for award. At a minimum, these complaints should be investigated by someone of authority. The results of the investigation must be documented.*

In accordance with the SAM manual requiring a procedure to deal with complaints from Applicants who were not selected for award, the OCPG has developed and utilizes the following procedure for addressing complaints.

If an Applicant was not selected, they may request a meeting either in writing or verbally within ten (10) business days of receipt of the notice to [gmu@dhhs.nv.gov](mailto:gmu@dhhs.nv.gov). A follow up email will be sent within five (5) business days to schedule a meeting that is convenient to all involved parties. The following information will be shared and may be provided in writing upon request:

- Review of the scores utilizing the pre-established scoring outlined in the grant application.
- Strengths and weaknesses of the application based on the outlined goals and/or objectives of the grant.

The Applicant may choose to include outside parties not affiliated to their agency to participate in the meeting.

If the Applicant is not satisfied with the results of the Strengths and Weaknesses meeting, they may request in writing an additional review within three (3) business days of the meeting to [gmu@dhhs.vnv.gov](mailto:gmu@dhhs.vnv.gov) and it will be reviewed within five (5) business days with a written response. This will be conducted by the Director of DHHS or designee, not included in the selection and has authority to overturn a decision made.

The OCPG will provide any additional suggestions for other opportunities, if available, as well as provide any known resources to assist the applicant in pursuing their goals as outlined in the applications.