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State of Indiana

**Indiana Family and Social Services Administration**  
**Division of Mental Health and Addiction**

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**RFF-2025-001 Questions and Answers**

<b><u>Question</u></b>	<b><u>Answer</u></b>
<p>The RFF states: This funding will provide gap funding for the population of focus described above who do not have the ability to pay for residential treatment services, are currently not receiving Medicaid, AND do not have access to any third-party payers including Recovery Works, DCS, and other funding sources.</p> <p>1. Can the state clarify what "do not have access" means? Does "do not have access" mean that the client has never had access to a third-party pay source?</p> <p>2. Or does "do not have access" refer to clients who have never had access to a third-party pay source AND clients who used to have access to a third-party pay source but no longer do?</p> <p>3. For example, can the funding be used for clients who once had access to Recovery Works but their Recovery Works ran out before they finished the treatment program? Or if a client's Medicaid coverage for treatment ran out before the end of the program?</p>	<p>1 &amp; 2. This means a patient does not have a 3rd party payer such as Medicaid (or other insurance), DCS, Recovery Works, or any other grant funding source. SUPTRS Block Grant funds are the funds of last resort.</p> <p>3. Funding can be utilized for those who have exhausted Recovery Works funds and Medicaid has denied their treatment. Documentation needs to be provided regarding denial and exhaustion of funds.</p>
<p>Can the funding be used while Recovery Works is titrating down? Towards the end of Recovery Works usage the program will pay for 1-3 weeks per month for a client but the client will be responsible for the other weeks. If the client has no other pay source for the weeks Recovery Works will not cover, could this grant be billed for those weeks?</p>	<p>SUPTRS Block Grant are funds of last resort. Other funds must be exhausted prior to utilization of SUPTRS funds. Documentation needs to be provided regarding exhaustion and/or denial of covering of funds.</p>



Do agencies have to accept Recovery Works in order to use the funds?	Providers are to be Recovery Works certified to utilize funds.
Can my organization partner with other agencies who are already BDDS-approved, LCSW-certified, or Medicaid-approved as part of this grant submission?	It is always encouraged to have community partners, however, the funding is for the certified residential treatment providers and does not allow for subcontractors.
Are collaborations between multiple entities permitted (for example, one entity owning the property and another providing the services)?	The purpose of this RFF is for providers certified by DMHA as American Society of Addiction Medicine (ASAM) level 3.1 and/or 3.5 residential treatment providers providing substance use disorder (SUD) treatment.
If my transitional home is currently Level III certified with INARR, will this grant allow for expansion to Level IV during the grant period?	The purpose of this RFF is for providers certified by DMHA as American Society of Addiction Medicine (ASAM) level 3.1 and/or 3.5 residential treatment providers providing substance use disorder (SUD) treatment.
Does this grant support both housing and wraparound services (case management, counseling, transportation, meals)?	Funding is for the daily rate of \$522.26 for ASAM level 3.5 and \$182.63 for level 3.1 allowed within the per diem. Services included in the per diem can be found: <a href="#">Per Diem Allowable</a>
Are non-traditional services like financial literacy, nutrition education, or vocational training allowable under this grant?	Funding is for the daily rate of \$522.26 for ASAM level 3.5 and \$182.63 for level 3.1 allowed within the per diem. Services included in the per diem can be found: <a href="#">Per Diem Allowable</a>
Will this grant fund services for individuals who are eligible through both BDDS and DMHA, or only for those identified with serious mental illness (SMI)?	The purpose of this RFF is for providers certified by DMHA as American Society of Addiction Medicine (ASAM) level 3.1 and/or 3.5 residential treatment providers providing substance use disorder (SUD) treatment.
Can this grant support a Meals on Wheels-style program if tied to clients' individualized care plans?	Funding is for the daily rate of \$522.26 for ASAM level 3.5 and \$182.63 for level 3.1 allowed within the per diem. Services included in the per diem can be found: <a href="#">Per Diem Allowable</a>
What is the maximum allowable funding per organization, per client, or per bed?	A pool of funds will be available to all awardees and once funds are spent, no additional funds will be available.
Can funds be used for capital improvements such as facility upgrades, security, and fire systems?	Funding is for the daily rate of \$522.26 for ASAM level 3.5 and \$182.63 for level 3.1 allowed within the per diem. Services included in the per diem can be found: <a href="#">Per Diem Allowable</a>

Are staffing costs for peer recovery, behavioral health techs, drivers, and kitchen staff allowable?	Funding is for the daily rate of \$522.26 for ASAM level 3.5 and \$182.63 for level 3.1 allowed within the per diem. Services included in the per diem can be found: <a href="#">Per Diem Allowable</a>
Can the grant be used to support administrative infrastructure such as bookkeeping, compliance systems, or electronic health records?	Funding is for the daily rate of \$522.26 for ASAM level 3.5 and \$182.63 for level 3.1 allowed within the per diem. Services included in the per diem can be found: <a href="#">Per Diem Allowable</a>
Is full INARR certification required at the time of award, or can certification be pending during the grant cycle?	The purpose of this RFF is for providers certified by DMHA as American Society of Addiction Medicine (ASAM) level 3.1 and/or 3.5 residential treatment providers providing substance use disorder (SUD) treatment.
Is it necessary to have Medicaid billing fully established prior to award, or can this occur during the grant period?	Medicaid will need to be able to be billed for all qualifying clients.
How does this grant align with BDDS timelines or Medicaid enrollment processes?	This funding opportunity is separate from BDDS timelines and/or Medicaid enrollment processes.
What data collection and reporting requirements are expected during the grant cycle?	Claims will be completed via the DMHA Electronic Billing System (DEBS). Information to be provided in the claim includes initial intake (ASAM documentation), ineligibility of 3rd party payer and/or denial of 3rd party payer, etc.
How does DMHA define program success (housing retention, employment outcomes, reduced hospitalizations, etc.)?	DMHA defines successful outcomes for residential substance use disorder treatment through a combination of structured, measurable treatment planning and recovery planning that effectively moves clients to lower level of care and/or sustainable place within their recovery.
Will future funding opportunities be available to renew or expand this program beyond the initial award period?	DMHA posts all funding opportunities to the DMHA funding website and organizations are welcome to apply if they meet criteria for the RFF they are applying for.
Is preference given to agencies that are already operational versus those in start-up phase?	A committee selected by DMHA will review and score all proposals. Proposals are evaluated based on the proven ability of the applicant to meet the goals of the project description. The checklist indicates the maximum points available for each item required in proposals.

What is the anticipated timeline for notice of award, contract execution, and the first disbursement of funds?	A pool of funds will be available to all awardees and once funds are spent, no additional funds will be available.
Can you confirm the deadline for submitting questions and clarify whether any follow-up questions will be allowed after initial submissions?	Questions regarding RFF 2025-001 are due July 16, 2025. No additional follow-up questions are permitted.
Our program has been placed on a conditional status with DMHA due to CARF International being backed up and unable to provide a survey to our program in the allotted 3-year period. CARF has extended our accreditation by 3 months to cover their inability to provide a timely survey. Being on a conditional status with DMHA, will this have a negative impact on our grant application?	If a facility has been placed on a conditional status, please provide detailed information and identify how it was resolved and/or being resolved with supporting documentation. The information provided will be reviewed by the scoring committee on a case-by-case basis.
Should the application be submitted as 1 pdf or do you want the application and the supporting documents in 2 separate pdf files?	Application should be submitted as one (1) PDF document.
Regarding the staff and patient ratio: 1. What staff are you looking to identify? 2. Is this for group therapy, individual therapy, and/or residential units? 3. Or is the ratio as simple as total staff to the total number of clients? 4. Or are you looking for our group ratio to our inpatient ratio?	Please provide staff and patient ratio for areas pertaining to ASAM 3.5 and/or 3.1.
Are Medicare members below 200% federal poverty level considered to be eligible for RFF funding?	If the service provided is not covered by Medicare (i.e., ASAM 3.5) this patient would not have access to a 3rd party payer, therefore it would meet criteria.
Where the RFF states "Treatment provider will be required to utilize DARMHA system to show client's need and level of care," what needs to be entered into DARMHA system to show the need and level of care?	Providers will need to submit the following records in DARMHA: Consumer records Episode records Diagnosis records SUD admission records SUD discharge records

	<p>PHQ-9 records encounter records</p> <p>To see the individual questions providers can review the manual at SFY2026 DARMHA Required Data for Block Grant</p> <p><a href="https://dmha.fssa.in.gov/DARMHA/MainDocuments">https://dmha.fssa.in.gov/DARMHA/MainDocuments</a>.</p> <p>Training on DARMHA will be provided if providers are chosen to access these funds.</p>
Will the treatment provider be required to administer an ANSA on each patient receiving funding from the RFF?	No, an ANSA will not need to be completed.
What type of documentation is required to show insurance denial?	Documentation from the insurance provider/ managed care entity (MCE) confirming denial.
What documentation does DMHA provide a treatment provider for certification for ASAM 3.5?	Your certificate from DMHA can be found on the provider portal.
Does a treatment provider qualify for the RFF if they have a tobacco free building with designated patient smoking areas and times (vaping and smokeless tobacco are not allowed)?	Providers are to be tobacco free facilities.
Per the RFF, Recovery Works Certification is required by application due date. Is treatment provider eligible for the RFF if it is in process of obtaining Recovery Works, i.e., application is in by RFF submission date but is waiting on approval? How long does it take DMHA to certify a facility for Recovery Works?	For a facility to obtain a certification for Recovery Works, timelines are contingent based upon agency. However, this process can take approximately 45 days from receipt of application. For further questions regarding Recovery Works please email <a href="mailto:recovery.works@fssa.in.gov">recovery.works@fssa.in.gov</a>
The application asks if the treatment provider receives SOR funding. IS SOR the funding source for RFF-24-004?	SOR is not the funding source for RFF-24-004. Substance Use Prevention Treatment and Recovery Services (SUPTRS) is the funding source for RFF-24-004.
<p>I am a grant writer for the [location removed] which serves women 200% under the poverty level, have dependent children and are being treated for substance use disorder. We are requesting the opportunity to participate in the Substance Use Disorder Residential Treatment for Women.</p> <p>Since 2021, [location removed], a recovery home, has been uniquely and effectively meeting the Trauma and Injury Prevention metric</p>	<p>This request for funding is for DMHA Certified ASAM 3.5 and/or 3.1 Residential Treatment Facilities. This does not include DMHA designated Recovery Residences.</p> <p>If you are a DMHA Certified ASAM 3.5 and/or 3.1 residential treatment facility, please follow information identified in the RFF to complete your proposal.</p>

<p>requirements set by Health First Indiana, Lake County. [location removed]-Sober Living for Women has championed the abatement of harm and trauma to women and their families. Women suffering from substance use disorder (SUD) consistently exhibit behavior with significant functional impairment causing mental, physical, social, legal and financial trauma. The [location removed] leads the community in the education and training of women transitioning from a life of Substance Use to the daylight of recovery. Currently the [location removed] provides recovery treatment in four properties, totaling 24 beds. The recent addition of a spacious house (26-beds for women, 2 rooms with cribs for new mothers) will double the effect of the already successful reconvert programs. Substance abuse treatment, prevention and relapse prevention will continue in the current living quarters as <math>\frac{3}{4}</math> houses. These will offer clients who are father in their recovery a more comprehensive and empowering living experience. The impact of this program is incalculable. Residents live in a home-like environment which is submerged within the 12 steps and traditions of Alcoholics Anonymous. As per the AA programs' precepts, the treatment and training is around the clock, the facilities do not close. The household and its residents are immersed in the 12 Step recovery program consisting of attendance at 12 Step meetings, individual sponsor meetings, AA topic and Big Book meetings. Twelve step books and literature are vital equipment to AA living. Focusing on the individual, classes are offered regarding mental health awareness, job skills, hygiene and self-care as well as any other topic the current residents require.</p>	
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