



Mike Braun, Governor
State of Indiana

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

402 W. WASHINGTON ST., ROOM W353
INDIANAPOLIS, IN 46204-2739

REQUEST FOR FUNDING ANNOUNCEMENT RFF-2025-001
FOR

**Substance Use Disorder (SUD) Residential Treatment for Women with Dependent Children,
Women who are Pregnant, and individuals who are 200% below federal poverty level**

Introduction:

This is a Request for Funding announcement (RFF) issued by the Family and Social Services Administration (FSSA), Division of Mental Health & Addiction (DMHA). The date for this project is October 1, 2025, through September 30, 2026, for a period of 12 months.

This RFF is intended to publicize the available grant opportunities for services described herein. Neither the issuance of this RFF nor receipt of any responses of this RFF nor the receipt of any responses thereto, shall create any obligation to the State of Indiana to make any award pursuant hereto. The award of any grant(s) as a result of this RFF shall be at the sole discretion of FSSA. Neither this RFF nor any response ("proposal") submitted hereto are to be construed as a legal offer.

Proposals need to be submitted in a written format. Please see below for written proposal format and submission requirements.

Written Proposal Requirements:

All proposals should be submitted by email no later than 4:30pm EST on 08/11/2025 to:
Dana.Poirier@fssa.IN.gov

- Proposals received ***after 4:30pm EST will not be considered.***
- The email subject line must be: RFF-2025-001
- Email must include the following:
 - A cover letter indicating the principal contact telephone number, email, and authorized signature are required. This must be the first page of the proposal.
 - Must use Times New Roman 12-point font for all pages of the proposal.
 - All supporting documents for the proposal must be attached to the email as one PDF file.
 - Submit one proposal per applicant following the scoring rubric provided below.



Questions Regarding this RFF:

Questions regarding this RFF must be submitted via email to Dana.Poirier@fssa.IN.gov no later than 4:30p.m. EST on **07/16/2025**.

- **Questions received after 4:30p.m. EST** will not be included on the Q&A form posted on DMHA's funding website and may not be answered timely if at all.
- Email subject line for questions **MUST** be: **Questions for RFF-2025-001**

Questions received by 4:30p.m. EST on 7/16/2025 will be answered by **8/1/25** and posted to the DMHA funding website (<https://www.in.gov/fssa/dmha/funding-information/>).

All questions and inquires for this RFF must be directed ONLY to Dana Poirier at Dana.Poirier@fssa.IN.gov. Failure to follow this expectation disqualifies the application from this RFF.

Project Description:

The purpose of this RFF is to select vendors certified by DMHA as an American Society of Addiction Medicine (ASAM) level 3.1 and/or 3.5 to provide SUD residential treatment programming.

- I. The population of focus: women who are pregnant, women with dependent children, persons with high-risk substance use disorder, and persons below the 200% federal poverty level.
- II. 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.
 - a. Insurance must be pursued and continue to be pursued despite any denials to ensure appropriate health care.
- III. This funding will cover a daily rate of \$522.26 for level 3.5 and \$182.63 for level 3.1 respectively. This will also include an extra \$50.00/day per child, up to two children under the age of 5 or before starting an all-day education. This funding will cover costs for caring for the child(ren) to include services for any mental health, physical health, or transportation for services. The child(ren) must receive all needed care or coordination of care throughout the day to assist with the mother being able to participate in SUD treatment.
- IV. Treatment provider will be required to utilize DMHA's Data Assessment Registry Mental Health and Addiction (DARMHA) system to show client's need and level of care.
- V. The provider will provide documentation of insurance denial and assist clients who are uninsured apply for insurance.
- VI. The provider will ensure ethical SUD withdrawal management is overseen by a physician and follows ASAM guidelines.

RFF-2025-001 Timeline: *Subject to change*

07/01/2025	RFF Released
07/16/2025	RFF Questions Due
08/01/2025	RFF Answers Posted DMHA Funding Website
08/11/2025	RFF Proposal Submissions Due
09/12/2025	Notify Applicants of Award Determination

Project Timeline:

10/01/2025	Project starts
09/30/2026	Project ends

Funding

The total funding amount available for this RFF is \$730,000 for SUD residential treatment for persons who are pregnant/women with dependent children and \$800,000 for SUD residential treatment for individuals who are 200% below federal poverty level. The funding source for this RFF is SUPTRS Block Grant funds provided through SAMHSA.

Non-Authorized Activities: Such items may include, but not be limited to the following:

- To make Cash Payments to intended recipients of Health services;
- To satisfy any requirements for expenditures of on-federal funds as a condition for the receipt of federal funds;
- Use SAPT funds for a service which is being covered by another paying source to include but not limited to, self-pay, private insurance and Medicaid.

For additional information, please refer to the following link: [Substance Abuse Prevention & Treatment Block Grant \(SABG\) | SAMHSA](#)

All awardees will claim through DMHA Electronic Billing System (DEBS) and will be trained on how to claim after notification of award. A pool of funds will be available to all awardees and once funds are spent; no additional funds will be available.

Evaluation – Total Points Available: 100

A committee selected by the Division of Mental Health and Addiction will review and score all proposals. Proposals are evaluated based upon the proven ability of the applicant to meet the goals of the project description.

The following checklist indicates the maximum points available for each item required in proposals. Each proposal should be broken down by each of the sections below.

Note: Any additional information provided outside of what's described in the below table will result in points being deducted from overall score.

Organize Proposal Pages as Follows:

Proposal Content/Scoring Criteria	Applicant Checklist	Maximum Points Available
1.) Cover Letter/Introduction: One (1) page maximum: Including items below:		5
a. Primary program contact information, (name, email, and phone number)		
b. Provide list of residential treatment facilities: <ul style="list-style-type: none"> • Name of facility • Address • Occupancy 		
c. Identify the population(s) of focus (as identified above) currently being served.		
d. What makes your agency unique in working with the identified population of focus.		
e. Signature of Director/Authorized Individual		
2.) Organization/Agency Information: One (1) page maximum:		15
a. Identify your organization's non-profit status and attach documentation (not counted towards the Organization/Agency Information page maximum).		
b. Describe your organization's mission, goals and area(s) of focus.		
c. Does any of your staff currently on the committee for the Mental Health and Addiction Planning Council (MHAPAC) or the Indiana Recovery Council (IRC)? If yes, please list their name and their job title for your organization.		
d. Does your facility engage in monthly residential SUD provider and MCE meetings? <ul style="list-style-type: none"> • If yes, please identify who attends. • If no, identify who on your staff will be attending (name & email address) 		
e. Please provide the documentation of certification for ASAM 3.5 and/or 3.1 through DMHA (not counted towards the Organization/Agency Information page maximum).		
f. Has your organization/agency currently on conditional status or history of being placed on conditional status through DMHA within the past year? <i>If so, please explain and identify how was resolved.</i>		

3.) Clinical Competency: Five (5) page maximum:		35
a. Identify the evidence-based practices your facility currently uses to fidelity.		
b. Identify any staff members who have attended the DMHA provided ASAM 4 th edition training. <ul style="list-style-type: none"> If no clinical staff and/or staff have attended ASAM 4th edition training, please identify how your treatment facility intends on training clinical staff regarding ASAM 4th edition. 		
c. See case vignette and complete ASAM assessment for level of care.		
d. Provide your staffing model including: <ul style="list-style-type: none"> Licensure levels of clinical staff Staff to patient ratios Interns 		
e. Describe how you support workforce development and supporting workplace wellness for caregivers.		
4.) Program Narrative: Three (3) page maximum		25
a. Identify gaps and how your organization will address these gaps by receiving access to funding.		
b. Average occupancy rate over the past 12 months.		
c. Describe how you collaborate with other community entities and treatment providers.		
d. Please describe your organization's medication assisted treatment (MAT) policy. Does your facility require specific MAT for specific SUD? [Note: Please attach your organization's medication policy. Attached pages are not counted towards the Program Narrative page maximum]		
e. Provide a resume of each Key Personnel [Note: One (1) page max per resume and are not counted towards the Program Narrative page maximum]		
f. Provide your organization's policy regarding Tobacco Free Environment. Organizations will be required to be tobacco free as part of being a grant recipient.		
5.) Sustainability of the Program: One (1) page maximum		15
a. Describe how this service will be sustained after having access to funds.		
b. Please identify additional state and/or federal funding your organization receives including any contract numbers, award amounts and brief description for the usage of funds.		
c. Is your facility certified with Recovery Works? Providers MUST be Recovery Works certified by application due date.		
d. Does your organization currently receive SOR funding?		

e. Does your organization currently have access to the DMHA Electronic Billing System (DEBS)?		
f. Has your organization previously had access to DEBS for access to funds for Residential? If so, please identify the total amount claimed in DEBS to date.		
g. Identify any other grants and/or donations your facility has/will receive.		
6.) Letters of Support: Two (2) total letters; One (1) page maximum per letter		5
a. Provide letters of support from community partners that are not directly affiliated with your organization. [Note: Letters of support must be on partners agency letterhead and signed]		

Case Vignette for ASAM – RFF-2025-001:

Please complete the following Case Vignette utilizing ASAM Criteria and format with clinical recommendations for level of care.

Gina is a 42-year-old divorced female from Indianapolis, IN who resides with her mother and is currently unemployed. Gina has two children (ages 8 and 10) who currently reside with her ex-husband due to her history of substance use disorder. She reports she drinks a fifth of vodka daily. She reports that her last drink was 5 days ago and was routinely discharged from General Hospital after completing detox at their facility (UDS positive for Benzodiazepines due to detox medications prescribed- confirmed in collateral documentation). Gina reports she has been using alcohol since she was 18 years old. She states her drinking has increased over the past 15 years and has been drinking a fifth daily for the past 4 years. She reports her longest time of abstaining from alcohol, was when she was been pregnant, however she reports occasionally having a “glass of wine” throughout the pregnancies. Gina reported upon delivery of her children she returned to drinking daily.

Gina reports she went through a divorce 4 years ago and stated her husband was granted full custody due to safety concerns associated with her drinking. She reports no history with DCS and denies current, pending and/or history of legal concerns.

During her intake, she reports some history of substance use disorder treatment. She shared she previously was in IOP in November of 2024 at The General Addiction Outpatient Treatment Center. She reports she didn’t complete IOP and was discharged from their programing due to using alcohol while in treatment.

She reported a history of mental health concerns. She reports having history of depression, anxiety, and PTSD. She reports having history of trauma, but during intake did not want to disclose information outside of stating “I have history of trauma.” She reports medical history including hypothyroidism, high blood pressure, and peripheral neuropathy. She reports being prescribed Synthroid 75 mcg 1x/daily, Gabapentin 300 mg 3x/daily, and Lisinopril 20 mg 1x/daily.

She reports her mother is a sober support and the living environment is free from mind-altering substances.

Confidential Information

Potential respondents are advised that materials contained in proposals are subject to the Indiana Public Records Act, IC 5-14-3 et seq., and after the grant award may be viewed and/or copied by any member of the public, including news agencies and competitors. Potential respondents claiming a statutory exception to the Indiana Public Records Act must place all confidential documents in a sealed envelope clearly marked “Confidential” and must indicate on the outside of their proposal envelope that confidential materials are included and, in their cover letter, specify which statutory exception provision applies. The State reserves the right to make determinations of confidentiality. If the State does not agree that the information designated is confidential under one of the disclosure exceptions to the Public Records Act, it may either reject the proposal or discuss its interpretation of the allowable exceptions with the respondent. If agreement can be reached, the proposal will be considered. If agreement cannot be reached, the State will remove the proposal from consideration for award and return the proposal to the respondent upon request. The State will not determine price to be confidential information.