

RFF-2024-004 Questions and Answers

Question	Answer
<p>Can a person partake in this Recovery Residency funding if they are in outpatient services, or do they have to be in a DMHA ASAM certified IOP or PHP? If so, does the participant lose the housing funding once the person transitions from an IOP or PHP to outpatient?</p>	<p>Funding is for designated recovery residences who have individuals residing in a recovery residence and are currently in an ASAM 2.5 (PHP) or ASAM 2.1 (IOP) treatment program. ASAM 2.5 (PHP) is high-intensity outpatient treatment and ASAM 2.1 (IOP) is intensive outpatient treatment. As long as the resident has completed their treatment program (ASAM 2.5 or ASAM 2.1) they are able to utilize the full 90 days that are allotted under this funding opportunity.</p>
<p>If they must be in a 2.1 or 2.5, can you provide a list of facilities in our area who are DMHA certified to provide ASAM 2.1 or 2.5 care?</p>	<p>A list of certified outpatient treatment providers, who provide ASAM 2.1(IOP) and 2.5 (PHP) services can be found at www.treatmentatlas.org</p>
<p>Regarding the criteria 2 (admitted into the Recovery Residency within the last 30 days) and criteria 3 (currently receiving outpatient addiction treatment at a DMHA ASAM certified 2.1 or 2.5), do both of these criteria need to be met simultaneously or can a person first live at the Recovery Residency first and have a set amount of time to get into a 2.1 or 2.5 and still be eligible?</p>	<p>The individual/resident must have moved into the recovery residence within the past 30 days and currently receiving/engaged in ASAM 2.1 or 2.5 services.</p>

Question	Answer
<p>Currently as a level IV recovery residence our residents attend our outpatient treatment center for their treatment along with any other external referrals they might need to address their overall treatment plan needs, ie. mental health, MAT. For this specific funding source that would/could change because the person would be receiving all of their treatment services externally in a 2.1 or 2.5, correct?</p>	<p>If the resident is in an ASAM 2.5 (PHP) or ASAM 2.1 (IOP) they would receive services at that treatment facility and services could not be duplicated. External care coordination would identify the individuals treatment plan needs.</p>
<p>Will this be operated the same as the SAPT block grant?</p>	<p>This opportunity will be using DMHA Electronic Billing System (DEBS) and all funds will be first come first serve among the selected recovery residences.</p>
<p>If RW must bill but if not can use this funding to help with rent?</p>	<p>This is federal funding and is the funding of last resort. All state funding must be exhausted prior to using federal funds.</p>
<p>If a recovery residence is in the process of becoming certified, are they able to apply for this grant?</p>	<p>At time of submission, applicants are to be DMHA designated recovery residences.</p>
<p>The RFF states that Recovery Residences who have received State Opioid Response funds cannot submit claims for clients with Opioid Use Disorder or Stimulant Use Disorder (page 2). Is this the case even when the SOR funds the Recovery Residence has received are not being used as a direct pay source for clients (for example, if the recovery residence has received SOR funds for construction or peer support?)</p>	<p>Funding through State Opioid Response (SOR) through DEBS is not able to be claimed (room and board) for those diagnosed with an Opioid Use Disorder or Stimulant Use Disorder. This is federal funding and is the funding of last resort. All state funding must be exhausted prior to using federal funds.</p>

Question	Answer
<p>The RFF states that Recovery Residences who have received State Opioid Response funds cannot submit claims for clients with Opioid Use Disorder or Stimulant Use Disorder (page 2). What about clients who have poly substance use disorder? Does having Opioid Use Disorder or Stimulant Use Disorder make a client ineligible for SUPTRS claims even if they are diagnosed with other substance use disorders?</p>	<p>If individual is eligible for SOR funds, they would not be eligible for funds until SOR funds are exhausted.</p>
<p>The RFF states on page 4 that SUPTRS funds cannot be used for a service which is being covered by another paying source to include but not limited to, self-pay, private insurance, Recovery Works, SOR, and Medicaid. Can SUPTRS funds be used in situations where all other pay sources have been exhausted or are inaccessible? For example, for a client whose Recovery Works has run out or whose Medicaid support has ended?</p>	<p>This is federal funding and is the funding of last resort. All state funding must be exhausted prior to using federal funds.</p>
<p>With the population of focus being those diagnosed with a substance use disorder, admitted into a recovery residence within the last 30 days, and actively attending/engaged in outpatient treatment in a DMHA certified treatment provider in ASAM Level 2.5 or Level 2.1, can the Recovery Residence draw down the daily funds for someone who has completed treatment (ASAM Level 2.5 or Level 2.1) and is still living in recovery housing?</p>	<p>The resident is eligible for funding for 90 days from start date of the claim.</p>

Question	Answer
How will DMHA notify awardees of when the funds are nearing depletion or depleted?	Awardees will have access to the DMHA Electronic Billing Services (DEBS) website and the status of funds is available. DMHA can also inform awardees of fund status if nearing depletion
For a Recovery Residence that is run by a DMHA certified treatment facility, can the treatment facility itself provide one of the two letters of support requested from facilities providing ASAM 2.1 and 2.5 care? If not, would DMHA consider requiring just two letters of support, with one of those being from a facility providing ASAM 2.1 and 2.5 care?	If a Recovery Residence is ran by a DMHA certified treatment facility, the facility would be able to provide a letter of support to count for a letter of support.
Will the GPRA intake form be required for each client?	GPRA intake form will not be required for each client.
How many days does a provider have from date of service to submit a claim in the DEBS system?	Claims are to be submitted within 90 days of start of claim.
Is there a budget template for the grant?	There is not a budget template, as awardees will be eligible to bill for services in the DMHA Electronic Billing Services (DEBS).
What are the allowed costs? It only discussed the per diem rate. Is payroll allowed? Indirect costs? Will there be any language released regarding this?	No awardees are given an individual award, all awardees will be eligible to bill for these services in the DMHA Electronic Bililng Services (DEBS). There is no payroll or indirect costs allowed.