

**RFF 2023-013 Q&A**

Question	Answer
<p>In reviewing RFF-2023-013, Women with Dependent Children, Persons who are Pregnant, and Poverty Level Substance Use Disorder (SUD) Residential Treatment, the target populations include:</p> <ol style="list-style-type: none"> <li>1. persons who are pregnant,</li> <li>2. women with dependent children,</li> <li>3. persons who inject drugs, and</li> <li>4. persons below the 200% federal poverty level.</li> </ol> <p>Numbers 1 and 2 restrict the population to women; however, number 3 and 4 technically don't. Question: are men that are in target populations 3 and 4 eligible under this grant?</p>	<p>1. Yes, men can be a part of the population of focus if they meet the qualifications of having a SUD and are persons who are pregnant, persons who inject drugs, and/or persons below the 200% federal poverty level.</p>
<ol style="list-style-type: none"> <li>1. We have locations that are operating at ASAM 3.1 but are not currently certified, as well as locations that are currently certified. If we are funded and the non-certified locations obtain certification after the grant period begins, would we be eligible for the per diem at those locations as well? Similarly, if an organization is funded and builds a new location within the funding period and obtains certification, would that site also be eligible for the per diem?</li> <li>2. Can you please clarify the population of focus? The way that it is written could be read in a way that a person who is pregnant could have an income over the 200% poverty level and still qualify. Likewise, it could be read as a person who is not pregnant and not a woman with dependent children could qualify as long as their income is less than 200% FPL. Is that the case or must all individuals have an income less than 200% FPL and meet one of the first two descriptors?</li> </ol>	<ol style="list-style-type: none"> <li>1. All recovery residential programs in Indiana must be certified by DMHA before operating as a program regardless of ASAM level.</li> <li>2. The population of focus covers three areas: A. pregnant persons with an SUD, B. women with an SUD and have dependent children, C. persons with an SUD who are below the 200% federal poverty level. An individual can meet all of these areas or just one but in order to be eligible they must have no insurance coverage and pursue insurance coverage while in services.</li> </ol>
<ol style="list-style-type: none"> <li>1. Is there a template that we are required to use?</li> <li>2. Can you provide more input on what you are looking for in terms of a response to the question- Do leadership/ staff represent the population of focus?</li> <li>3. Is Key personnel defined the same as SAMHSA? The main person implementing and overseeing implementation and responsible for reporting?</li> </ol>	<ol style="list-style-type: none"> <li>1. The template is called the Estimate Population Served and this replaces a budget. It is located on the DMHA funding website: <a href="https://www.in.gov/fssa/dmha/funding-information/">https://www.in.gov/fssa/dmha/funding-information/</a></li> <li>2. We would like to know if organizations have direct service and/or leadership staff with lived experience that relates to the individuals they serve.</li> <li>3. Key personnel is defined as direct service staff and leadership for those staff.</li> </ol>
<ol style="list-style-type: none"> <li>1. For clarification, is this funding for women only, or for any persons below the 200% federal poverty level? (The population of focus: persons who are pregnant, women with dependent children, persons who inject drugs, and persons below the 200% federal poverty level.)</li> <li>2. If we are not ASAM 3.1 or 3.5 certified, can we still apply for this funding opportunity? (we will apply for DMHA certified recovery residence, as well as become CARF accredited to become ASAM 3.1 in the future) (This funding will cover a daily rate of \$126.46 and \$365.65 for levels 3.1 and 3.5 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.)</li> </ol>	<ol style="list-style-type: none"> <li>1. No, the population of focus includes: A. persons who are pregnant, B. women with dependent children, C. persons below the 200% federal poverty line</li> <li>2. Only organizations who are ASAM 3.1 or 3.5 certified may apply for this funding opportunity. Please note that all Recovery Residences must meet ASAM level criteria and be certified by DMHA before starting operations in Indiana.</li> </ol>
<ul style="list-style-type: none"> <li>• The RFF states at the top of page 3 in the Funding section that the funding source for this RFF comes from the SAPT block grant through SAMHA. However, further down on the page, there is a link to SAMHSA's SABG block grant program. Which block grant is the funding source for this RFF, SAPT or SABG?</li> <li>• If the SABG block grant is the funding source for this RFF, will there be another RFF for block grant funds next year since the grant period is one year? And will a recipient of SABG block grant funds this year be eligible to apply for future RFFs funded by SABG? Our understanding was that SABG funded grants are usually multi-year awards.</li> <li>• If the SAPT block grant is the funding source for this RFF, does DMHA anticipate releasing a different, SABG-funded RFF later on this year? Would we be eligible to apply for both opportunities?</li> <li>• If someone is insured through Medicaid but Medicaid will only pay for a few weeks in our program, would funds from this opportunity be able to be used after Medicaid funding is exhausted if the person needs to stay in the program for longer? Similarly, for other pay sources such as Recovery Works or other insurance, can these funds be used to cover someone's stay if they have exhausted the allowable amount on Recovery Works or the pay source they started the program with?</li> </ul>	<ol style="list-style-type: none"> <li>1. Both SAPT and SABG are the same thing. SAPT stands for Substance Abuse Prevention Treatment and SABG stands for Substance Abuse Block Grant, these are interchangeable terms for the same funding source.</li> <li>2. No other RFF will be released this year using block grant funds to provide a per diem rate for SUD residential services.</li> <li>3. 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.</li> <li>4. These funds are for individuals who have no insurance but need to apply while in services. For individuals who's insurance denies their stay, they must meet the 200% below federal poverty in order to access these funds. Recovery Works and private insurance does not qualify.</li> </ol>
<ul style="list-style-type: none"> <li>• Under Project Description, II. a. states, "Insurance must be pursued and continued to be pursued despite any denials to insure appropriate health care." Please elaborate on what is meant by pursuing insurance in addition to assisting those clients who are uninsured sign up for insurance. For example, does it mean that if a prior authorization is denied, the provider must go through the appeal process up to and including an external, independent review (EIR), in the case of Medicaid?</li> <li>• Under Project Description, V. states, "Provider will provide documentation of insurance denial and assist clients who are uninsured apply for insurance." If Medicaid or one of the Medicaid MCEs denies a prior authorization for a client, can the provider submit the denial and claim funding while the provider goes through the appeal process? Or does "denial" in this case mean the client is denied Medicaid coverage?</li> <li>• The 3.1 reimbursement rate matches the Medicaid reimbursement rate. However, the \$365.65 is \$4 higher than the current Medicaid rate for 3.5. Is 3.5 reimbursed at \$365.65?</li> <li>• How would a provider who is providing residential treatment for a mother with dependent children, but the dependent children aren't onsite with the mother, be able to help the mother access the \$50/day per child funds available?</li> <li>• For the question, provide a resume of key personnel can you elaborate and clarify what all is needed to meet this question terms.</li> </ul>	<ol style="list-style-type: none"> <li>1. This means that when a client meets the requirements for the population of focus but has no insurance then the provider can use these funds to pay for their stay while assisting them in applying for Medicaid.</li> <li>2. Yes, a provider can submit the denial and claim funding while assisting the client with going through the appeal process. Denial can also be defined as denied Medicaid coverage and this documentation will need to be provided too.</li> <li>3. The correct rate for ASAM 3.5 is \$361.65.</li> <li>4. The \$50/day per child is to cover the cost for children who are staying onsite with their mother. This funding does not go directly to the mother.</li> <li>5. Key personnel is defined as direct service staff and leadership for those staff. Please provide resumes for these staff but also note that resumes are only 1 page max per resume.</li> </ol>
<ol style="list-style-type: none"> <li>1. When tracking clients under 200% of poverty does "with no insurance" include residents that remain in treatment after insurance denies further coverage?</li> <li>2. When filling out number of clients served, would a client who meets multiple categories be counted in each section that applies?</li> </ol>	<ol style="list-style-type: none"> <li>1. Yes, but appeal must be pursued by the client with assistance from the provider.</li> <li>2. No, please only count this client once in one of the categories (no preference on which category)</li> </ol>
<ul style="list-style-type: none"> <li>• Are the populations of focus separate or does an individual need to meet all requirements? E.g. Would a male who is below the 200% FPL qualify?</li> <li>• Are we expected to provide the childcare or can that be contracted out?</li> </ul>	<ol style="list-style-type: none"> <li>1. The population of focus covers three areas, A. pregnant persons with an SUD, B. women with an SUD and have dependent children, C. persons with an SUD who are below the 200% federal poverty level. An individual can meet all of these areas or just one but in order to be eligible they must have no insurance and pursue insurance while in services.</li> <li>2. Childcare must be provided and preferably in house by the organization providing services to the mother.</li> </ol>