**North Carolina Department of Health and Human Services**

**Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

**RFA Questions and Answers**

**RFA #:** DMH-23-006CK-RFA

**RFA Title:** Substance Use Disorders Special Projects

**Addendum Number**: 2

**Bidder Conference Date**: Not applicable

**Questions Received Until Date**: 7/19/2022

**Questions and Responses**

1. **Question:** Does the initial page need to have a wet signature of the authorized representative, or would an Adobe-certified electronic signature suffice?

**Answer:** Electronic signatures are accepted and sufficient.

1. **Question:** The explanation of the Budget (p. 8) references “expenses such as administrative cost”; however, indirect cost is not mentioned in the explanation or the budget template. May applicants include an indirect cost line item in the Budget, and if so, is there a maximum allowable amount/percentage for indirect costs?

**Answer:** Agencies may include up to the de minimis rate of 10% in the absence of a federally negotiated and approved indirect cost rate. If applicants have a federally approved rate that is less than 10%, that percentage must be used. Proof of the federally approved indirect cost rate must be submitted as an attachment to the application if above the de minimis.

1. **Question:** The RFA references both a 15-page limit and a 10-page limit for the narrative. Which is the appropriate page limit?

**Answer:** We will accept applications that do not exceed 15 pages.

1. **Question:** Are there any font type/size requirements and page margin requirements for the narrative?

**Answer:** The font should be easy to read and no smaller than an 11-point font. Line spacing should be single-spaced with margins of 1”.

1. **Question:**  Would the following supplies used for harm reduction be allowable under this grant?

-Syringes

-Sharps containers

-Wound care supplies for injection drug users

**Answer:** The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the Consolidated Appropriations Act, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018. The modification allows that states experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use the SABG to fund elements of an SSP **other than to purchase sterile needles or syringes.**

States interested in directing SABG funds to SSPs must (1) Request a Determination of Need from the CDC; (2) Include the request in the most recent SABG application to support an existing SSP or establish a new SSP; (3) Obtain approval form the state’s SABG Project Officer.

North Carolina did not include such a request in the most recent SABG application, and as such, funds may not be used for the above. The primary focus of this RFA is “to expand and enhance the continuum of SUD treatment and/or recovery services provided . . .”

1. **Question:**  In regard to the line item "media/communication/advertising," what are the limitations? Could marketing materials (such as a stress ball with the company's treatment contact information) be allowable?

**Answer:** Items such as described above are considered by SAMHSA to be “promotional” items and are not allowed.

1. **Question:**  Are single organizations eligible to submit 2 proposals?

**Answer:** Yes, single organizations can submit more than 1 proposal.

1. **Question:**  On page 10 of the RFA, under Application Content and Instructions it states that applications must be 15 pages or less. However, sections A, I, and K under the same heading refer to a 10-page limit. Could you please clarify, is the page limit 15 or 10?

**Answer:** We will accept applications that do not exceed 15 pages.

1. **Question:** On page 5, section 5.1 Programmatic Requirements and Priorities, it states, "With the exception of tribal government entities, applicant agencies should be licensed as a SUD treatment provider in the state of NC or be able to obtain the appropriate SUD treatment license if awarded for an applicable, licensable service". We currently are not a licensed facility, only providing peer recovery support services, but we are in the process of branching out in a clinical endeavor. If we wrote the proposal to support the clinical site, how quickly would we need to be licensed once the funds are distributed?

**Answer:** Each application is required to include a “Project Implementation Plan” that includes timelines for implementation, which will be taken into consideration in the review process.

1. **Question:**  Our agency already has a Mobile Unit - I was wondering if we could apply under this RFA to provide community based Primary Care services to the SUD population along with the other Peer outreach, screening, recovery coaching etc.? If we did take this approach - would we have to be a State Licensed SUD facility?

**Answer:** Funds for this RFA are from the Substance Abuse Prevention and Treatment Block Grant (SABG). SABG provisions require that funds be used “only … for planning, carrying out, and evaluating activities to prevent and treat substance use disorders . . .” As such, primary care services would not be eligible, reimbursable services under the SABG.

1. **Question:**  We would like to inquire as to whether contingency management is allowable under this funding opportunity? And if so, what is the allowable yearly amount per patient?

**Answer:** Contingency management is allowable under this funding and the federal grantor (SAMHSA) has no published limits on annual incentives. SAMHSA has issued the following guidance:

* No cash awards may be given to any client, ever
* No incentives may be awarded to influence an individual to enter treatment
* Any gift cards given must be appropriate for the client’s situation
* Limitations are not set at the federal level for these funds; however, it is expected that awards should be no greater than $25-$30.
* There is no published annual limit prescribed by SAMHSA; however, all applications that include contingency management will be reviewed for reasonableness and compared to published, researched standards.
1. **Question:**  The RFA for the Substance Use Disorders Special Projects has conflicting information about the required page limit. It says 15 pages (on pages 10 and 15) and then states 10 pages (on page 11) in another place. Can you please verify the correct page limit for the narrative?

**Answer:** We will accept applications that do not exceed 15 pages.

1. **Question:**  The RFA notes that funds can be used to purchase a mobile unit to provide mobile care. Is it allowable to use the funds to lease mobile units or vehicles to provide mobile care?

**Answer:** Yes

1. **Question:**  Would it be permissible for an agency to apply as a “referral only” agency or a resource and referral hub and subcontract with licensed providers to provide access to MAT for jail and re-entry populations?

**Answer:** Yes

1. **Question:**  If not routed through the MCOs, will the provider be viewed as a sub-recipient of the awarded amount or as a vendor of the state? This will have a large impact on the way we are audited.

**Answer:** Agencies awarded funds under this RFA are considered sub-recipients.

1. **Question:** Will you allow the non-profit agency with less experience to partner with a for profit agency that has more experience in working with the descried populations, or providing the requested services in the past or currently providing.

**Answer:** Applicants may partner with any organization or entity; however, subcontracting agreements that include financial/monetary disbursements must also be limited to non-profits.

1. **Question:** The RFA states that **“**With the exception of tribal government entities, applicant agencies should be licensed as a SUD treatment provider in the state of North Carolina or be able to obtain the appropriate SUD treatment license if awarded for an applicable, licensable service.” Clarification is needed as to whether or not “licensed” includes DEA-X waivered providers.

**Answer:** Per the RFA, applicant agencies must be a non-profit or Tribal entity

and not currently subject to any investigative or corrective actions by any investigative body. Medical professionals licensed to practice in North Carolina may apply if they meet the above criteria.