



Eric Holcomb, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739

REQUEST FOR FUNDING ANNOUNCEMENT – RFF-24-004
FOR
DMHA Certified Recovery Residences

Introduction:

This is a Request for Funding (RFF) announcement issued by the Family and Social Services Administration, Division of Mental Health & Addiction. The date for this project is December 1, 2024, through September 30, 2025, for a period of 10 months.

This RFF is intended to publicize the availability of grant opportunities for services described herein. Neither the issuance 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.

Submission Requirements:

Written Proposals: Should be submitted by email no later than **4:30pm EDT on October 11, 2024**, to Dana Poirier’s email: Dana.Poirier@fssa.in.gov

- Proposals received *after 4:30pm EDT will not be considered.*
- The email subject line must be: **RFF-24-004**
- Email must include the following:
 - A cover letter containing all information outlined below. **This must be the first page of the proposal and only 1 page max.**
 - 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.



Questions Regarding this RFF:

Questions regarding this RFF must be submitted via e-mail to Dana Poirier at Dana.Poirier@fssa.in.gov, no later than 4:30 p.m. EDT on **September 13, 2024**.

- **Questions received after 4:30p.m. EDT** will not be included in the Q&A session form posted to the DMHA funding website.
- Email subject line for questions must be: **Questions for RFF-24-004**

Questions received by the due date will be answered by **September 20, 2024**, and posted to the DMHA funding webpage (<https://www.in.gov/fssa/dmha/funding-information/>).

All questions and inquiries must be directed to **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 providers, certified by DMHA as Level II, III, or IV Recovery Residences to provide access to funding for room or room and board for those who meet the following criteria: 1) diagnosed with any substance use disorder (SUD); 2) admitted into the Recovery Residence within the last 30 days; and 3) currently receiving outpatient addiction treatment at a DMHA certified treatment facility in the American Society of Addiction Medicine (ASAM) Level 2.5 or Level 2.1 level of care.

The population of focus: 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.

- Recovery Residences who receive State Opioid Response (SOR) funding, will not be able to complete claims on persons with Opioid Use Disorder or Stimulant Use Disorder using this funding stream.

This funding will provide access to gap funding for the population of focus described above who do not have the ability to pay for services and no access to Recovery Works Funding, and/or SOR funding.

This funding will cover a daily rate of \$25 for room only or daily rate of \$30 for room and board.

Room Only Requirements (\$25 daily rate):

- Room only providers must provide all of the following: 1) A bed; 2) 60 square feet of living space per resident; 3) A place to store personal items 4) One (1) toilet for every four (4) individuals; 5) Common space; 6) Medication rules, including free administration of drugs by qualified personnel (DEBS participants may not be charged a fee for administering medication); and 7) TB testing.

Room and Board Requirements (\$30 daily rate):

- DMHA Certified Recovery Residences wishing to provide room and board services must provide all their services listed above under Room Only definition and: one (1) prepared meal per day, and a resource for two (2) additional meals. The prepared meals must be prepared with purchased items, using agency funds. The resources for the additional two (2) meals can be donated resources.

This will also include an extra \$15/day for a maximum of one child residing in the Recovery Residence. This funding will cover costs for caring for the child to include services for any mental health, physical health, or transportation for services. The child must receive all needed care or coordination of care throughout the stay to assist with the parent being able to participate in SUD treatment.

Maximum number of days allowed is 90 days per individual.

Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant is the payment of last resort and all available state funds must be exhausted and shall make every reasonable effort prior to submission for SUPTRS Block Grant.

Please see Proposal Content/Scoring Criteria table for detail proposal information on page.

Provider will submit claims in DEBS with required documentation to be identified.

Eligible Respondents:

- Certified Level II, III, IV Recovery Residence with DMHA
- Must be in good standing
- No conditional status within past 6 months

Recovery Residence Additional Guidelines:

- SUPTRS Block Grant cannot be billed for “home passes” where the participant is not spending the night in the Recovery Residence.
- Recovery Residences cannot bill the participant for additional services in conjunction with SUPTRS Block Grant Funds. This includes deposits, administrative fees, etc. Recovery Residences agree to only bill the participant for Room Only or Room and Board, as required by the participant’s treatment plan.
- Participants may not be charged cash and/or billed to SUPTRS Block Grant for overnight passes. If a participant is not in the recovery residence bed overnight, the participant is not eligible to be charged for services.

RFF-24-004 Timeline: *Subject to change*

9/09/2024

RFF Released

09/13/2024

RFF Questions Due

09/20/2024	RFF Answers Posted DMHA Funding Website
10/11/2024	RFF Proposal Submissions Due
11/1/2024	Notify Applicants of Award Determination

Project Timeline:

12/01/2024	Project starts
09/30/2025	Project ends

Funding:

The total amount available for this RFF is \$500,000 for DMHA certified recovery residences for persons who have moved into recovery residences within the past 30 days, currently in an ASAM 2.5 or 2.1 level of care and have a SUD. The funding source for this RFF is SUPTRS Block Grant funds provided through Substance Abuse and Mental Health Services Administration (SAMHSA). No awardee will be given an individual award, all awardees will be eligible to bill for these services in the DMHA Electronic Billing Services, not to exceed a total of \$500,000.

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 SUPTRS funds to pay for food.
- Use SUPTRS funds 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.

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

Proposals will be reviewed and scored by a committee selected by the Division of Mental Health and Addiction. Proposals are evaluated based upon the proven ability of the applicant to meet the goals of the project description.

The following checklist is for your reference as it indicated the maximum points available for each item required in your proposal. Each proposal should be divided by each of the sections below. Any additional information provided outside of these sections may result in points being deducted from the 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. Signature of Director/Authorized Individual		
c. Address of Recovery Residence(s)		
d. Identify services provided by agency.		
e. Identify population(s) currently serving.		
2.) Organization/Agency Information: One (1) page maximum:		15
a. How does the leadership/staff represent the population of focus?		
b. Describe your mission, goals and area(s) of focus		
c. Provide an explanation of the agency’s experience with operating Recovery Residences. Must include current number of beds and population(s) served.		
d. Provide documentation regarding certification through DMHA.		
e. Has your organization/agency currently on conditional status or history of being placed on conditional status through DMHA? <i>If so, please explain and identify how was resolved.</i>		
3.) Cultural Competency/Cultural Humility: One (1) page maximum:		20
a. Explain the demographics of your area and how you plan to serve marginalized communities.		
b. How do you proactively and intentionally work to include those who have not historically been served or engaged?		
c. Describe the activities you will engage in to increase diversity, equity, and inclusion with clients served.		
4.) Program Narrative: Three (3) page maximum		35
a. Identify gaps and how your organization will address these gaps by receiving access to funding.		
b. Provide details regarding how referrals are obtained for your recovery residence and the process for screening. Application for your recovery residence must be provided.		
c. Provide a list of which evidence-based practices your organization uses.		
d. Describe how you collaborate with other community entities and treatment providers.		

e. Please describe your organization’s medication assisted treatment (MAT) policy. Does your facility require specific MAT for specific SUD? [Note: Please attach your organizations medication policy. Attached pages are not counted towards the Program Narrative page maximum]		
f. What is your organization’s policy on a resident returning to use?		
g. What is your organization’s policy housing those who are transgender?		
h. Please provide a copy of the Recovery Residence’s rules [Note: Attached pages are not counted towards the Program Narrative page maximum]		
i. Attach detailed job description for Key Personnel at Recovery Residence including any Certified Peer Support Professional(s). [Note: Job descriptions should be no more than one (1) page each and are not counted towards the Program Narrative page maximum]		
j. Provide a resume of each Key Personnel [Note: One (1) page max per resume and are not counted towards the Program Narrative page maximum]		
5.) Sustainability of the Program: One (1) page maximum		15
a. Describe how the service program will be sustained after completion of grant assistance.		
b. Describe your organization’s partnership with Medicaid. Do you have any current Medicaid reimbursed services?		
c. Describe your organization’s partnership with Recovery Works. Do you receive reimbursement from Recovery Works? If you are not designated with Recovery Works, identify why you have not obtained a designation.		
d. Does your organization currently receive SOR funding and have access to DEBS.		
e. Extent to which the applicant intends to continue to operate the service program through cooperative agreements and other formal arrangements.		
f. Identify any other grants and/or donations your facility has/will receive.		
6.) Letters of Support: Three (3) total letters; One (1) page maximum per letter		10
a. Provide letters of support from partnering agencies specific to this RFF. Two (2) of the letters of support must be from DMHA certified treatment facilities (providing ASAM 2.1 and 2.5 treatment services) and provide referrals. [Note: Letters of support must be on partners agency letterhead and signed]		

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.