

CO-OCCURRING STATE INCENTIVE GRANT (COSIG) SYSTEMS PROJECT QUESTIONS & ANSWERS

SEPTEMBER 3, 2004

1. Can only FY05 TCADA funded treatment providers apply for these funds?

Only TCADA funded treatment contractors that treat persons with co-occurring disorders can apply for these funds. However, contractors who are funded by TCADA to provide a TCO (Treatment –Co-Occuring Psychiatric and Substance Use Disorders) program, are NOT eligible for consideration for award.

2. Can you clarify if an applicant is allowed to budget an indirect rate and if so what that rate is?

Yes, the applicant is allowed to budget an indirect rate. The maximum indirect rate allowed in this solicitation is 7%. Indirect cost is to be indicated on Schedule A. Organizational Budget Summary, located in the budget forms. Refer to Note #3 on the above referenced budget schedule.

3. My agency was awarded a COPSD Specialist contract for one of my sites. Can I apply for these funds in a different site (and different service area) that was not funded for COPSD Specialist services?

The intent of the restriction is to prevent, for evaluation purposes, the services provided in the COSIG System Project from being provided in addition to COPSD Specialist services by the same provider in the same area. Different service areas would prevent this from happening and would, therefore, be allowable.

4. I appreciate the opportunity to add non-traditional support to our treatment approach, but don't know what rate I should establish with those providers in each allowable category that would meet with TCADA's approval. Please advise.

The rate for community services in any of the approved voucher categories is established by the applicant and the community provider. The details of these relationships are requested in Part B, Program Section (page 16 of 25). It is expected that reasonable rates and specific detail of the proposed service will be provided by the applicant.

5. What if I'm a TDH licensed facility under the TCADA umbrella and provide substance abuse residential treatment with other funding sources, can I apply for the COSIG System funds?

No. Refer also to response to question #1.

6. Reference: page 4 of 25; paragraph 3. The RFP states that "Contractors who are funded by TCADA to provide FY 2005 COPSD specialist services are not eligible for consideration for award under this solicitation". Our agency was awarded FY 2005 COPSD specialist funds for Region 3. We also have a facility in Region 10 (El Paso). Would we be eligible for this award if services were applied for in Region 10?

Refer to response to question #3

7. Currently, Homeward Bound has a contract with TCADA to do COPSD in the region 3. I realize that the RFP states that "Contractors who are funded by TCADA to provide FY 2005 COPSD specialist services are not eligible for consideration for award under this solicitation". Our agency was awarded FY 2005 COPSD specialist funds for Region 3. We also have a facility in Region 10 (El Paso). Would we be eligible for this award if services were applied for in Region 10?

Refer to response to question #3

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8. Are these funds limited to TCADA funded clients?

Yes, only qualified clients of TCADA funded treatment providers may receive services funded by the COSIG System Project. Refer to response to question #1

9. Will the funds follow the client after discharge?

No, qualified clients must be in treatment to receive the services provided by the COSIG System Project.

10. What is the expected ratio of COPSD specialist to clients served?

There is no staff/client ratio in the COSIG System Project.

11. Does the contractor issue a voucher to the community support entity?

The applicant would establish a cost reimbursement procedure with the community support.

12. Who issues the voucher?

The treatment provider creates the voucher for the client in BHIPS. The voucher system describes a cost reimbursement relationship with a community provider(s) that provides one or more of the allowable services as identified in the COSIG Systems Project.

13. How does the cost reimbursement voucher system work?

Refer to response to question #12 above.

14. How does the contractor get paid for program expenses?

Refer to response to questions #12 and #13.

15. Are program expenses to come out of the clients 1800.00?

Only community services within the allowable voucher categories are funded with the clients \$1,800.00. The applicant's indirect costs are budgeted elsewhere and are limited to a maximum of 7%

16. Are the contractors responsible for setting up a network of community support which will accept a voucher for payment? I.e. clothing stores, pharmacies, doctors, etc?

Yes. The details of these relationships are requested in Part B, Program Section (page 16 of 25). It is expected that reasonable rates and specific detail of the proposed service will be provided by the applicant.

17. Are the allowable community supports for adolescents negotiable in any way?

Only the community support categories that are specifically identified in the application are allowable.

18. Will clients needing continued psychiatric or mental health services be able to utilize these dollars once they have completed residential treatment?

Psychiatric and mental health services are not allowable community support categories. Also, qualified clients must be in treatment to receive the services provided by the COSIG System Project.

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19. Will outpatient clients be able to access these funds for any psychiatric or mental health needs?

Refer to response to question #18

20. Which fiscal year are you talking about? If it is for 2005, then is it not too late to submit any questions. So, I guess I am wondering if this is for next year?

FY 2005. As stated on Page 5 of 25, the period of availability for the use of funds is September 1, 2004 through August 31, 2005.

21. Is there an income eligibility for clients to receive these support services?

Income eligibility requirements exist for clients receiving TCADA funded treatment. One of the criteria for persons to receive services from the COSIG System Project is that they are clients in TCADA funded treatment.

22. Can a psychiatric appointment be included under medical care?

No. Refer to response to question #18

23. Do clients have to be under TCADA funded treatment to be eligible or may their treatment be paid by Medicaid or other third party payor?

Qualified clients who receive services from the COSIG System Project may received treatment from payors other than TCADA.

24. What do you mean by peer mentoring?

Peer mentoring refers to services that support recovery and are designed and delivered by peers—people who have shared the experiences of addiction and/or mental illness and recovery—rather than by professionals (Peer Recovery Services, SAMHSA www.samhsa.gov). Peer mentors extend and enhance the treatment continuum by helping to prevent relapse and promote recovery, and, if clients do relapse, peer mentors can help minimize the negative effects through early intervention and timely support to continue treatment. Peer mentoring services can also include: assistance in housing, educational, and vocational opportunities; building constructive family and other personal relationships; providing stress management assistance; and establishing alcohol- and drug-free social and recreational activities.

SEPTEMBER 13, 2004

25. I am emailing to find that type or types of entities are eligible for this program. I am aware that specific conditions regarding eligibility must be met in order to apply, however, I am inquiring about what types of specific entity or entities (i.e., cities, counties, non-profits, for-profits, universities, etc.)

All of the entities that you mention above (i.e., cities, counties, non-profits, for-profits, universities) are eligible to compete providing they are currently a TCADA-funded treatment contractor. Refer also to response to Question #1 above.

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26. Can the awarded Treatment Provider utilize the Vouchers to purchase, Psychiatric Evaluation, Therapy Sessions or Psychiatric Medication from community providers?

No. Refer to the response to question #18

27. The Vouchers are designated to serve clients for one year; client's length of stay in outpatient treatment is significantly less than one year. How do these two pieces reconcile? One example of this is the point that a client may be on a waiting list for community based mental health services, beyond his discharge from the program. Please provide feedback on managing the timeframes for the vouchers as compared to length of treatment.

Only qualified clients of TCADA funded treatment providers may receive services funded by the COSIG System Project while they remain in treatment. Since funds are not obligated, unspent funds may be used to serve other qualified clients.

28. Please provide definitive clarity as to the RFP's reference to "severe clients". What constitutes "severe" for COSIG purposes?

"Severe clients" refers to those clients with psychiatric and substance use disorders who require specialized support in treatment due to symptomatic worsening of one or both disorders and/or disruptive behavior.

29. Since COSIG and COPSD services cannot be provided by the same provider, can clients receive both COPSD services and COSIG vouchers?

The intent of the restriction is to prevent, for evaluation purposes, the services provided in the COSIG System Project from being provided in addition to COPSD Specialist services by the same provider in the same area. The restriction does not prevent services to the same client from multiple providers.

30. The 7% maximum rate for indirect costs will not cover the costs associated with the service coordination necessary to insure that appropriate linkages are made and vouchers are issued. Since a COSIG agency cannot contract with itself, how is service coordination reimbursed?

Treatment providers should already provide linkages to resources that assist the client. The 7% maximum rate for indirect costs in this solicitation supports additional linkage(s) that may be necessary to establish/maintain voucher services.

31. If a client withdraws midway through the program (only a portion of the allocated \$1,800 expended), what happens to the remaining funds?

Refer to response to question #27.

32. If an MD provides prescriptions for antagonist medications such as Antabuse, Naltrexone, etc. will the voucher system support this?

Medical care and prescriptions are allowable voucher categories.

33. As a PPI provider funded by TCADA for the new FY, are we eligible for funding under this grant announcement?

PPI (Pregnant Post Partum Intervention) is classified as an "intervention" program, not a treatment program. Only TCADA funded treatment contractors that treat persons with co-occurring disorders can apply for these funds. Refer also to response to Question #1 above.

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34. As a hospital district with exemptions such as that provided to us by TDSHS for our PHC program, are we also exempt from having to contract these services if, in fact, we can provide some of them to clients such as prescription services and medical care?

Funds in the voucher system may not be used to purchase services from the awarded agency.