



QUARTER 7

PIP 5.1.7

Statewide



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES**

4126 Technology Way – 3rd Floor
Carson City, Nevada 89706
(775) 684-4400

INSTRUCTIONAL MEMORANDUM

TO: Lisa Ruiz-Lee, Director; Clark County Department of Family Services
Kevin Schiller, Director; Washoe County Department of Social Services
Betsey Crumrine, Rural Region Manager; Division of Child and Family Services

FROM: Jill Marano, Deputy Administrator; Division of Child and Family Services *JM*

DATE: 08/1/2012

SUBJECT: Guidelines for "Aged Out" Foster Youth Medicaid (Independent Foster Care Adolescent)

LEGAL REFERENCES: Medicaid Foster Care Coverage Act of 2007; SSA Sec. 1902; 42 U.S.C. 1396a

PURPOSE: The purpose of this *Instructional Memorandum* is to provide guidelines for caseworkers to assist foster youth who age out of the foster care system, to apply for Medicaid coverage through the Nevada Division of Welfare and Supportive Services (DWSS).

INSTRUCTION: (This guidance was approved by DWSS on July 31, 2012)

1. Youth that age out of foster care will have the opportunity to apply for Medicaid anytime prior to their 21st birthday.
2. Normally, these youth will complete an application for this program with their state or county case worker just prior to leaving foster care.
 - a. Applications from the north and rural areas must be transmitted to the Carson City District Office, ATTN: Aging Out Program;

- b. Applications in the south must be transmitted to the Belrose District Office,
ATTN: Field Service Manager
3. Those youth aging out may also apply at a Division of Welfare and Supportive Services (DWSS) office, if they failed to apply with their state or county case worker. They can apply using the one-page Aged Out application form or the regular application for assistance.
 4. If they apply using the regular application for assistance because they are applying for another program, i.e. TANF, SNAP, eligibility for Aging Out of Foster Care is still determined even if they are determined ineligible for the companion program using the same application. *Please note that if a client is applying for another program along with the Aged Out program, the case will be processed at the district office which services the ZIP code in which the client lives.*
 5. The only verification needed with the Aged Out application is proof of Nevada residence, proof of citizenship, identification and an "aged out letter" or court papers; or if homeless, a statement from someone knowledgeable about their current living situation.
 6. Children who age out of foster care in Nevada at age 18 will have a code sent to NOMADS from UNITY. This is the verification of aging out, citizenship and residence; identification will still be required at the time of application.
 7. Young adults who age out of foster care at age 18 in another state may apply for these benefits provided they haven't reached their 21st birthday. A letter from the out of state child welfare agency verifying their aging out at age 18 or a collateral contact by DWSS with the other agency is sufficient proof. *Proof of citizenship, identity and residency is required. (MS MAPS 483)*
 8. These recipients are required to report within 10 days to DWSS a change of address; moving out of state; pregnancy; birth of a newborn; and any third party insurance.
 9. Medicaid for these recipients will be terminated if they reach age 21; move to another state; or are placed in an ineligible facility (jail/detention).
 10. A **Review of Eligibility** will be completed every 12 months by mail on these recipients; therefore any change of address must be reported to DWSS and the only required verification is continued Nevada residency. If the **Review of Eligibility** is not returned back to DWSS; Medicaid eligibility will be terminated. (They may reapply if under 21 years of age and still a Nevada resident.)

**MEMORANDUM OF UNDERSTANDING BETWEEN DIVISION OF
MENTAL HEALTH AND DEVELOPMENTAL SERVICES AND
CHILD AND FAMILY SERVICES**

This Memorandum of Understanding (MOU) is entered into by the Division of Mental Health and Developmental Services (hereafter referred to as "MHDS") and the Division of Child and Family Services (hereafter referred to as "DCFS")

I. PURPOSE

- A. Establish procedures for referrals between the two Divisions.
- B. Coordinate the provision of services to children, youth and families.

II. PRINCIPLES OF THE AGREEMENT

A. All Divisions shall:

- 1. Recognize that all have responsibilities to the individuals and families being served and, as such, shall cooperate with one another to assure quality services are provided.
- 2. Recognize that the seamless transition between Divisions is essential for continuity of care and relapse prevention.
- 3. Recognize that time is of the essence to adequately serve the individual and satisfy requirements of the law and courts.
- 4. Work together to formulate and support a plan for children and youth with a dual diagnosis.
- 5. Work cooperatively in developing treatment strategies and services for children and youth with eligible conditions of mental retardation, conditions related to mental retardation, and/or Severe Emotional Disturbances (SED), referred to as dual diagnosis.
- 6. Recognize that both agencies have the responsibility for referrals, support and placements of children and youth with a dual diagnosis.
- 7. Recognize that children and youth with a dual diagnosis are eligible for all services available to any child in Nevada. MHDS will augment those services with specialized supports that may be needed.
- 8. Recognize that children and youth should be served in Nevada, and both agencies must work cooperatively to develop services in Nevada for children and youth with a dual diagnosis.
- 9. Recognize there are budget and staffing limitations for each Division.
- 10. Recognize the agency eligibility requirements to qualify individuals for services through MHDS and DCFS.

11. Share written admission/discharge criteria, case priorities, and appeal processes for services for both Divisions and ensure staff are trained in and follow this MHDS-DCFS MOU.

Children with mental retardation or related conditions and mental illness.

1. A DCFS or MHDS service coordinator or clinician serving a child or youth that has been diagnosed with mental retardation, a related condition and/or SED and has determined the child can benefit from the services of the other agency, will contact the agency intake worker to initiate the intake application. Requests should be made to ensure there is sufficient time for the agency to assess the child/youth, and to locate and /or develop appropriate services to meet the child's/youth's needs. The referring agency will provide the intake worker with the following:
 - a. Most recent psychological information, including intellectual, adaptive and diagnostic assessment completed by a licensed psychologist within the past year. For referrals to MHDS, school psychological reports will be accepted if reviewed and approved by MHDS agency psychologist;
 - b. Social history;
 - c. Medical evaluation or reports (including psychiatric and neurological) that validate a diagnosis of mental retardation, or a related condition, or mental illness.
 - d. Schools Assessments and the Individual Education Plan (IEP) completed within the last 12 months should accompany the service application.
2. The intake worker shall provide a preliminary assessment of eligibility within fifteen (15) business days of receipt of all of the required information.
3. A letter of acceptance or denial for services to MHDS or DCFS will be sent within ten (10) business days of preliminary assessment. If additional information is necessary to render an eligibility decision, the agency intake worker will notify in writing within ten (10) business days of preliminary assessment. If there exists a court order, then the agency intake worker will notify in writing within five (5) business days of preliminary assessment.
4. The service coordinator will meet with the referring service coordinator within ten (10) business days of acceptance to identify a treatment planning team and schedule a meeting to review the needs of the child without regard to availability of service.
5. If the child is in urgent need of immediate services (e.g. pursuant to AB369) the case will promptly be staffed for eligibility. If the child qualifies for service, the case will be opened and a service coordinator will be assigned immediately to meet with the respective agency service coordinator. If the child is not in need of immediate services, the case will be processed following agency procedures for all new intake requests and the clinical program manager will be informed.
6. The MHDS and DCFS service coordinators will identify the primary service coordinator and their respective roles. In situations where there is a disagreement, the respective MHDS and DCFS program managers will review the child's primary needs and designate the "primary" service coordinator from MHDS or DCFS. The respective MHDS and DCFS program managers will be responsible to assure each agency is working cooperatively to develop residential and non-residential services that can meet the child's needs.

7. The Child and Family Team will establish an appropriate individual program plan consistent with the child's needs. Objectives will be jointly established and team members assigned with defined time lines.
8. If the objective identifies that the child may be properly maintained in existing DCFS facilities then DCFS will assume mental health related expenses. Additional resources may be provided by MHDS to include; respite, one-time purchase of service, consultation by behavioral specialist, psychologist, etc.
9. If the objective calls for mental health placement services, the assigned DCFS staff will initiate a search for an appropriate placement, of both DCFS run facilities and private community providers, and enter the child's name on the waiting list if a mental health placement is not immediately available. If a DCFS placement is not immediately available, and assessments have determined that the child requires a placement: DCFS and MHDS will work cooperatively to develop a home to meet the needs of the child with a dual diagnosis. The DCFS service coordinator will maintain monthly contact with the MHDS service coordinator and review the status of the DCFS waiting list on an ongoing basis to identify DCFS service options. Training for these children is the joint responsibility of DCFS and MHDS.
10. If the objective calls for MHDS placement services, the assigned MHDS staff will initiate a search for an appropriate placement and enter the child's name on the waiting list if an MHDS placement is not immediately available. If an MHDS placement is not immediately available, and assessments have determined that the child requires a placement: MHDS and DCFS will work cooperatively to develop a home to meet the needs of the child with a dual diagnosis. The MHDS service coordinator will maintain monthly contact with the DCFS service coordinator and review the status of the MHDS waiting list on an ongoing basis to identify MHDS service options. DCFS will work cooperatively with MHDS on the recruitment of providers including sharing a current listing of DCFS contractors. Training for these children is the joint responsibility of MHDS and DCFS.

Each agency will make decisions about eligibility for services from their agencies following their policies and procedures, including Medicaid regulations. MHDS and DCFS agencies will not take their differences to other public entities. Agency Directors/Deputy Administrators will be asked to intervene and review the differences if needed. The Agency Directors/Deputy Administrators will meet and review the situation and come to a mutual agreement on what supports are needed to serve the child.

11. MHDS and DCFS staff are not to write documents regarding their opinions or recommendations about the other agency's need to serve the child in question. The respective Attorney General for each agency will be kept apprised of differences that may need their guidance and input.
12. If an agency staff receives a request or a subpoena for court testimony, the Administrators of the involved agencies and the Deputy Attorney Generals for those agencies shall be notified by the receiving agency immediately.
13. Agency staff shall not testify in court or at administrative proceedings regarding the treatment, admission, or eligibility of a child by another agency.

14. Child and Family Teams and Individual Support Plan Teams (ISP) should request that the respective agencies send representatives to the team meeting to discuss the child's needs.
15. Cross training for staff of MHDS and DCFS should be done to assure that staff have an understanding of what agencies can provide to the children with MR/DD related condition or SED, including: the agency's referral and intake processes, eligibility criteria, and services (both agency and private providers in the community).
16. MHDS and DCFS will work cooperatively in the development of providers who can provide services to dual diagnosed youth.
17. The reimbursement to providers will be determined by the contracting agency for the said services. Staff of other agencies providing related services shall not discuss reimbursement to be paid by agencies, other than their own.

PROBLEM RESOLUTION

- A. Issues arising at the program level will be handled via the chain of command in each agency. If not resolved at that level, the case will be referred to Division Administrator. If Division Administrators cannot resolve it, the Director of Health and Human Services shall have the final say. This protocol shall remain in effect until superseded in writing.

Youth in need of ongoing mental health services who are approaching age eighteen.

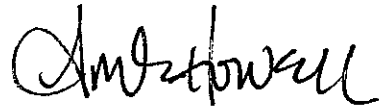
1. Referrals for youth in need of ongoing mental health services must be made by DCFS to MHDS at least 90 days prior to client's 18th birth date.
2. DCFS will provide to MHDS the most recent psychological information, medical history, social history and any other reports or information to assist with transition planning to adult services.
3. MHDS will work with the child's/youth's guardian/custodian to apply for benefits such as Medicaid, Social Security etc. that the child/youth may be eligible for. MHDS will assess the referrals from DCFS and determine type and level of services needed. The intake worker shall provide a preliminary assessment of eligibility within fifteen (15) business days of receipt of all of the required information.
4. Adolescents who present to DCFS for services who are between 17 years and 9 months and 18 years of age shall be jointly staffed by both MHDS and DCFS.
5. DCFS and MHDS will work together to incorporate transition steps to adult services in the case plan.
6. Both MHDS and DCFS will participate in Child and Family Teams to facilitate coordination of services within 30 business days of the person's 18th birthday.

7. MHDS will arrange for services to begin within one week following the person's 18th birthday.
8. MHDS and DCFS will work cooperatively in the development of providers who can provide services to youth transitioning to MHDS services.

Dated this twenty-third day of July, 2012.



Richard Whitley, MS
Administrator, MHDS



Amber Howell
Administrator, DCFS

MEMORANDUM OF UNDERSTANDING – FAMILY UNIFICATION PROGRAM

BETWEEN

NEVADA RURAL HOUSING AUTHORITY

3695 DESATOYA DRIVE

CARSON CITY, NEVADA 89701

AND

DIVISION OF CHILD AND FAMILY SERVICES

1677 OLD HOT SPRINGS ROAD, SUITE B

CARSON CITY, NEVADA 89706

I. Introduction and Goals

The Family Unification Program (FUP) provides Housing Choice Vouchers to communities to help preserve and reunify families in the child welfare system and assist in the transition of youth aging out of care.

This project targets youth who have left foster care and lack adequate housing and families who are involved with child welfare and for whom the lack of adequate housing is a primary factor in the separation or threat of separation of children from their families.

II. Past Experiences

Nevada Rural Housing Authority utilized Family Unification Vouchers in 2002.

1.

- The number of years the DCFS has administered a similar program(s): DCFS currently funds, through federal grants, local Family Resource Centers (FRC) to work with both youths and families. This collaboration has been in place for the last 8-10 years. The FRC's scope of work includes the provision of case management services, as needed, as well as facilitating safe and stable housing.

Differential Response, a program implemented around 2007, also provides supportive services to at-risk families to keep them out of the child welfare system. A frequent issue is unsafe housing. This is addressed by working with the families and the community to identify and obtain adequate housing.

The Independent Living Services (ILS) program, which has also been in place for the past ten years, works with youth transitioning out of care to

identify and address challenges to their successful independent living in their community of choice.

- A brief description of the similarity of this program(s) to FUP;
Both programs provide supportive services including assistance with identifying and obtaining safe and stable housing as well as after getting into such housing. Additionally, both programs provide ongoing services to ensure that families and youth have financial resources and other resources to remain in housing.
- Provide additional information that further demonstrates the DCFS's past experience (optional).

Since 1991, DCFS has been providing child welfare services in Nevada. Part of those services involve the requirement to go into homes to assess safety, risk and/or the adequacy of living arrangements to ensure the well-being of children. The goal to keep families unified cannot be achieved unless living circumstances (housing included) are safe. Currently, DCFS provides child welfare services in all of the rural counties of Nevada while Clark and Washoe Counties provide child welfare services in the two urban counties of the state.

2. Past DCFS and NRHA cooperation in administering a similar program(s):

- The number of years that the DCFS and NRHA have cooperated in administering a similar program(s);
During 2010, DCFS and NRHA began discussions about launching a pilot program with DCFS families/youth that would parallel, if funded, the larger FUP program. DCFS and NRHA developed an MOU to facilitate this process. Also beginning in 2010, DCFS and NRHA initiated quarterly meetings to enhance the collaboration process. Several cross-training activities are planned for spring 2011 that will allow the partners to share information, discuss challenges and opportunities to further define future work. The pilot program is a collaborative project which will identify 5 youth or families who will receive their certificates and the supportive services outlined in this MOU to identify, obtain and maintain such housing.
- A brief description of the similarity of this program(s) to FUP;
The pilot project, like the FUP, targets youth who have left foster care and lack adequate housing and to promote family reunification for families who are involved with child welfare and for whom the lack of

adequate housing is a primary factor in the separation or threat of separation of children from their families. Both the pilot project and the FUP define roles and responsibilities of the NRHA and the local child welfare agency (DCFS) to support successful participation.

All of critical components of the FUP are mirrored in the pilot project (such as the MOU, certification of eligibility by the child welfare agency, the provision of supportive services for a minimum of 18 months to youth participating in the program, etc.) are being incorporated into the pilot project.

- Additional information that further demonstrates DCFS and NRHA cooperation in administering a similar program(s)(optional)
In addition to the collaboration mentioned above, DCFS has developed, and maintains, strong local relationships with NRHA representatives in several rural communities such as Elko, Nevada where the Office Manager and the child welfare workers collaborate regularly about families/youth on their caseload with the NRHA field worker.

III. NRHA and DCFS staff positions for FUP liaison (required)

Identify staff positions at both NRHA and the DCFS who will serve as the lead FUP liaisons. These positions will be responsible for the transmission and acceptance of FUP referrals. Applicant may specify any additional responsibilities of the FUP liaison in this section.

Name and title of NRHA staff position: Heidi Fettic, Rental Assistance Manager
Terry Smith, Rental Assistance Director

Name and title of DCFS staff positions:
Chris Lovass-Nagy, Clinical Program Planner II and Dorothy Edwards, Clinical Program Planner I

IV. Statement of cooperation(required)

The NRHA and DCFS agree to cooperate with HUD and provide requested data to HUD or a HUD-approved contractor delegated the responsibility of program evaluation.

V. Housing search assistance the DCFS will provide to families and youths (required)

Include a detailed description of the assistance the DCFS will provide to families and youths in locating units and working with landlords to secure appropriate eligible units.

DCFS or their designee (such as local Family Resource Centers in rural communities) will:

- ✓ work with eligible families and youths to provide information regarding the benefits and requirements of the program;
- ✓ work with eligible families and youths to identify local eligible units;
- ✓ work with landlords to secure the appropriate eligible unit;
- ✓ work with families and youths to prepare and navigate moving into secured eligible units;
- ✓ work with families and youths to maintain eligibility and to understand requirements of compliance with housing regulations

For youths who are clients in the FUP, DCFS or its designee (such as Independent Living Services provider) will:

- ✓ Provide basic life skills counseling to include education on money management, housekeeping, proper nutrition, meal preparation, and how to access medical and/or psychological services;
- ✓ Tenant counseling to include counseling on tenant rights and responsibilities;
- ✓ Assistance or referral, as needed, to programs that provide assistance with security deposits and/or utility deposits;
- ✓ Job preparation and job attainment counseling;
- ✓ Education and career advancement counseling and services;
- ✓ Assessments and the development of individual case plans; and
- ✓ Assurance that services will be provided to property managers.

VI. Services to be provided to FUP-eligible youth (required-please note that NRHA may not choose to exclude FUP-eligible youths from their FUP program)

List any services to be provided to FUP-eligible youths by the DCFS or another agency/organization under agreement/contract with the DCFS to provide the services and resources. This list must include all of the following services, unless marked as optional:

1. Basic life skills information/counseling on money management, use of credit, housekeeping, proper nutrition/meal preparation; and access to health care (e.g. doctors, medication, and mental and behavioral health services).
IL Caseworker, Ron Wood Family Resource Center, Children's Cabinet, No to Abuse, Foster Parents, Heal Therapy, Rural Mental Health (Carson Mental Health, Ely Mental Health, etc.), Behavioral Health Services, Alliance, Nevada Outreach, Public Health Nurses, Churchill County Social Services, Lyon County Social Services, Community Chest, Rural Regional Center (providers of services to rural individuals with developmental delays), and Fallon/Fernley Industries are agencies who participate in the provision of basic life skills training to DCFS clients in rural Nevada.
2. Counseling on compliance with rental lease requirements and with Housing Choice Voucher Program participant requirements, including assistance/referrals for assistance on security deposits utility hook-up fees, and utility deposits.
Ron Wood Resource Center, Nevada Outreach, Churchill Social Services, IL caseworkers, No To Abuse, Rural Regional Center, and FRIENDS Family Resource Center are agencies who participate in the provision of counseling on compliance with rental lease requirements and with Housing Choice Voucher Program participant requirements and may assist with referrals or the provision of security deposits, utility hook-up fees and utility deposits.
3. Providing such assurances to owners of rental property as are reasonable and necessary to assist a FUP-eligible youth to rent a unit with a FUP voucher.
IL workers and FRC staff will be providing assurances to owners of rental property to assist a FUP-eligible youth to rent a unit with a FUP voucher.
4. Job preparation and attainment counseling (where to look/how to apply, dress, grooming, relationships with supervisory personnel, etc.).
The following agencies provide job preparation and attainment counseling to clients involved with Rural Child Welfare: Ron Wood Resource Center, Nevada Outreach, JOIN, Job Connect, Great Basin College, NOVA Center, Churchill Social Services, Lyon County Social Services, No To Abuse, Community Chest, FRIENDS Family Resource Center, Rural Regional Center, and the Fallon/Fernley Industries.
5. Educational and career advancement counseling regarding attainment of general equivalency diploma (GED); attendance/financing of education at a

technical school, trade school or college; including successful work ethic and attitude models.

DCFS provides some financial support to youth ages 15-21 through two federal grants, Chafee and the Educational Training Voucher Grant, and through a state fee revenue source, the Fund to Assist Former Foster Youth, for completion of their GED, high school diploma, technical school, trade school or college. Additional support is provided by the following agencies: Ron Wood Family Resource Center, Great Basin College, NOVA Center, JOIN, Western Nevada College, Lyon County Social Services, Churchill County Social Services, No To Abuse, FRIENDS Family Resource Center, Fallon/Fernley Industries and Rural Regional Center.

6. Participation of FUP-eligible youths in the assessment and implementation of actions to address their needs, including the development of an individual case plan on each youth for services to be received and the youth's commitment to the plan (youth required to sign a service plan agreeing to attend counseling/training sessions and to take other actions as deemed appropriate to the youth's successful transition from foster care).

The IL workers, youth and their team develop a transition plan. The team composition varies but includes: foster parent, mentors, friend(s), CASA, teacher(s), school counselor, FRC staff working with the youth, Job connect staff person and, if appropriate, Rural Regional Center staff.

7. A statement that all of the above services will provided for a period of at least 18 months.

DCFS or designee (contracted Family Resource Center (FRC) or Independent Living worker) will provide supportive services for a minimum of 18 months after the youth receives a voucher.

8. Any services beyond those listed above (optional).

VII. NRHA Responsibilities (required)

Include a statement describing how the NRHA will fulfill each of the following responsibilities:

1. Accept families and youths certified by the DCFS as eligible for the FUP. The NRHA upon receipt of the DCFS list of families and youths currently in the DCFS caseload, must compare the names with those of families and youths already on the NRHA's Housing Choice Voucher waiting list. Any family or youth on the NRHA's Housing Choice Voucher Program waiting list that matches with the DCFS's list must assisted in order of their position on the waiting list in accordance with NRHA admission policies. Any family or youth certified by the DCFS as eligible and not on the Housing Choice Voucher waiting list must be

placed on the waiting list. If the NRHA has a closed Housing Choice Voucher waiting list, it must reopen the waiting list to accept a FUP applicant family or youth who is not currently on the NRHA's Housing Choice Voucher waiting list;

2. Determine if any families with children, or youths age 18 through 21 on its Housing Choice Voucher waiting list are living in temporary shelters or on the street and may qualify for the FUP, and refer such applicants to the DCFS;
3. Determine if families with children, or youths age 18 through 21 referred by the DCFS are eligible for Housing Choice Voucher assistance and place eligible families/youths on the Housing Choice Voucher waiting list;
4. If applying for rating criteria points, describe activities the NRHA is committing to perform related to the following categories. These activities must be consistent with narratives submitted under Section V of the FUP NOFA.
 - a) Removing jurisdictional barriers to mobility (Section V.A.1.a of the FUP NOFA)
 - b) Owner participation in low-poverty census tracts (Section V.A.1.b of the FUP NOFA)
 - c) Mobility assistance (Section V.A.1.c of the FUP NOFA)
 - 1) Housing search assistance in low-poverty census tracts
 - 2) Mobility assistance-Pre-move and post-move counseling
5. Amend the administrative plan in accordance with applicable program regulations and requirements, if needed; **Housing Choice Voucher Program**
6. Administer the vouchers in accordance with applicable program regulations and requirements;
7. Comply with provisions of the MOU;
8. Upon notification that vouchers have been awarded, train DCFS staff on the NRHA Housing Choice Voucher procedures; and
9. Conduct regular meeting (at least quarterly) with DCFS.

VIII. DCFS Responsibilities (required)

Include a statement describing how the DCFS will fulfill each of the following responsibilities:

1. Establish and implement a system to identify FUP-eligible families and FUP-eligible youths within the agency's caseload and to review referrals from NRHA; Caseworkers and supervisors will identify families or youth with housing needs and assist with their application to the NRHA. Caseworkers and/or supervisors will complete the DCFS Internal Housing Referral Form and the NRHA Certification/Referral Form and send both to the rural Social Services Specialist, or designee, for review. The rural Social Services Specialist or designee will present the referrals at bi-monthly Rural Management Team (RMT) Meetings for

approval by the managers. The NRHA Certification/Referral Form will be faxed or scanned to the NRHA and once approved; the Specialist or designee will add the family or youth to the DCFS Rural Housing Database.

2. Provide written certification to the NRHA that a family qualifies as FUP-eligible family, or that a youth qualifies as a FUP-eligible youth, based upon the criteria established in Section 8(x) of the United States Housing Act of 1937, and the FUP NOFA;

DCFS rural Specialist, or designee, will provide education to caseworkers in all of the rural offices about NRHA eligibility for families and youth, to include the definitions supporting the “lack of adequate housing” criteria. Caseworkers will complete the DCFS Internal Referral Form for identified families and youth detailing housing needs, past housing history, and services offered to assist with case plan issues. The DCFS Internal Referral and the NRHA Certification/Referral Form will be completed and sent to the rural Specialist, or designee, for review and final submission to NRHA.

3. Commit sufficient staff resources to ensure that eligible families and youths are identified and determined eligible in a timely manner. This commitment must include a process to ensure that DCFS’s active caseload is reviewed at least once a month (when the NRHA has FUP vouchers available), to identify FUP-eligible families and FUP-eligible youth, and refer them to the NRHA. Additionally, the DCFS must be prepared to provide referrals to the NRHA within 30 working days of receiving notification from the NRHA about voucher availability;

The DCFS rural Specialist, or designee, will review the Rural Housing Database at bi-monthly RMT Meetings to select and prioritize families and youth for referral based on suitability to the NRHA. DCFS will convene a meeting of the RMT, if necessary, to meet the 30 day required timeframe upon receiving notification about available vouchers from NRHA.

4. Commit sufficient staff resources to provide follow-up supportive services after the youth leases a unit (see Section III.C.b.5.h of the FUP NOFA);

DCFS IL workers or FRC staff will provide follow-up supportive services after the youth leases a unit for a minimum of 18 months.

5. If applying for rating criteria points, describe activities the DCFS is committing to perform related to the following categories. These activities must be consistent with narratives submitted under Section V of the FUP NOFA.

- a) Mobility assistance (Section V.A.1.c of the FUP NOFA)

- 1) Housing search assistance in low-poverty census tracts

- 2) Mobility assistance – Pre-move and post-move counseling

- b) FUP-eligible youths no longer in NRHA caseload (Section V.A.2 of the FUP NOFA)
 - c) Case management to FUP families (Section V.A.2.b of the FUP NOFA)
 - d) Cash assistance (Section V.A.2.c of the FUP NOFA)
6. Comply with the provisions of this MOU;
DCFS will comply with the provisions of this MOU.
7. Upon notification that vouchers have been awarded, train NRHA staff on the DCFS's referral procedures; and
Once vouchers are awarded to DCFS youth or families the DCFS rural Specialist, or designee, will provide training to the NRHA staff as to DCFS's referral procedures.
8. Conduct regular meetings (at least quarterly) with the NRHA.
Quarterly meetings between DCFS and NRHA began in November 2010 and these collaborative meetings will continue to be scheduled quarterly and more frequently as needed.

Signed By:

Executive Director, NRHA Date

Executive Director, DCFS Date

Nevada Department of Health and Human Services
 Grants Management Unit
 4126 Technology Way, Room 100
 Carson City, NV 89706
 775 684-3470
 Children's Trust Fund
 NOTICE of GRANT AWARD

Grantee:		Tax ID: Request ID: CFDA# 93.590			
Contact:		Telephone:			
Project:		Email: alicia@eastvalleyfamilyservices.org			
Grant Period: 7/1/2012 to 6/30/2013		Vendor #:			
Project Description:					
Counties to be served:					
Approved Budget:	\$0				
Personnel	\$0	Occupancy		\$0	
Contract/Consult	\$0	Communications		\$0	
Staff Travel/Per diem	\$0	Public Information		\$0	
Equipment	\$0	Other Expenses		\$0	
Supplies	\$0	Indirect Costs		\$0	
		TOTAL		\$0	
Approved Measures for Quarterly Progress Reports					
Outcome 1		Outcome 2		Outcome 3	
Serve#	Achieve%	Serve#	Achieve %	Serve#	Achieve%
<p>This grant has been approved for a one-year period. Future funding is contingent upon performance and availability of funds. The budget detail is based on the grant period identified above.</p>					
<p>Disbursement of funds: Total reimbursement will not exceed \$25459 during the current year. Funds will be disbursed primarily on a reimbursement basis, with allowance for advances, in accordance with grant instructions in Attachment B.</p>					
<p>Source of Funds: Children's Trust Fund</p>					

Terms and Conditions: In accepting these grant funds, the recipient understands and agrees to the following:

1. This award is subject to the availability of appropriate funds.
1. Expenditures must comply with any statutory guidelines, DHHS Grant Instructions and Requirements, and the State Administrative Manual.
2. Expenditures must be consistent with the narrative, goals and objectives, and budget as approved and documented in Attachment A.
3. Grantee must comply with the DHHS Assurances, DHHS General Conditions, and the DHHS Grant Instructions and Requirements in Attachment B.
4. Grantee must comply with all applicable Federal regulations including but not limited to:
 - OMB A-133 audit requirements for grantees that expend \$500,000 or more in Federal awards during the grantee's fiscal year, and
 - 28 CFR 67 requiring that neither the grantee nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
5. Quarterly progress reports are due by the 30th of the month following the end of the quarter, unless specific exceptions are provided in writing by the grant administrator.
6. Financial Status Reports and Requests for Funds must be submitted monthly, unless specific exceptions are provided in writing by the grant administrator.
7. Grantees are required to attend quarterly meetings of Prevent Child Abuse Nevada, conduct client satisfaction surveys, protective factors survey and support the meaningful involvement of parents in the planning, implementation, and evaluation of the funded program.

Signatures

Dates

Authorized Grantee Official:

Toby Hyman
GMU Grant Administrator:

Michael J. Willden
Director, DHHS:

Section 4

Children's Trust Fund

FY11 Fourth Quarter Progress Report

Organization Name Project Title Grant Amount/Pd Amt/Bal	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD %
<u>Children's Trust Fund</u>			
Clark County Department of Family Services Parenting Project \$69,869/\$69,047/\$822	Through the provision of 5 to 8-week BabyCare, Nurturing Parents & Families, ABCs of Parenting, ParenTeen Solutions or Triple P programs to 1,515 parents, 80% of parents who completing a program will show improvement in items on the Protective Factor Survey from pre- to post-test. 1,515/1,803/119% 80/99	80% of parents will also demonstrate positive changes in attitudes and improved feelings of parental competency from statements such as: "I learned new discipline strategies in this program" and "As a result of this program, I feel I will be better able to solve problems I might encounter as a parent." (1)/0/0% 80/99	90% of participants who complete the parenting program will agree or strongly agree to the question, "Given my experience in the Parenting Project program, I would recommend this program to my friends and family." (1)/0/0% 90/99
East Valley Family Services Bears and Binkies Parenting Project \$25,459/\$15,587/\$9,872	Through the provision of a 8 week Bears and Binkies class to 315 parents, 80% of parents who complete the Protective Factors Survey will show improvement in 3 or more items on the PFS. 315/317/101% 80/93	A Client Satisfaction Survey will be distributed to all parent participants at the 8th session of the Bears and Binkies program. 90% of the participants who complete the 8 sessions will circle 4 or 5 to the question, "Given my experience in the Bears and Binkies program, I would recommend this program to my friends and family using a Scale of 1 - 5 where 5=Always; 4=Often; 3=Occasionally; 2=Rarely; and 1=Never. 315/317/101% 90/100	Through the provision of concentrated services from the Family Resource Center to 200 parents, 65% will score lower on the Family Assessment Matrix at the close of their case file. 200/156/78% 65/55

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FY11 Fourth Quarter Progress Report

Organization Name Project Title Grant Amount/Pd Amt/Bal	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD %
<u>Children's Trust Fund</u>			
Family Resource Center of Northeast Nevada Parenting Programs \$42,369/\$42,251/\$118	Provide age specific parenting classes, ranging in duration from 3 to 8 weeks, utilizing various Active Parenting curriculum to a minimum of 72 parents. 80% of parents who complete the Protective Factors Survey will show improvement in 3 or more of the 20 items of the PFS. 72/90/125% 80/100	FRCNEN will provide a client satisfaction survey to parents upon completion of parenting class. 80% of responding participants will complete the client satisfaction survey with a score of 4 out of 5 or better on each of the 4 questions. (1)/0/0% 80/93	0/0/ 0/0
Family Support Council of Douglas County Parent Education Program for Incarcerated Parents \$31,133/\$31,133/\$0	Through parenting education for 100 incarcerated individuals, at least 85% or 85 will have the show an increase in their knowledge of parenting techniques as indicated by an increase in post test scores. This will indicate that the parent has improved their perception of their parenting competency. 100/106/106% 85/77	0/0/ 0/0	0/0/ 0/0

Section 4

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FY11 Fourth Quarter Progress Report

Organization Name Project Title Grant Amount/Pd Amt/Bal	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD %
<u>Children's Trust Fund</u>			
Family To Family Connection-Isd 9 Parent Training With Love and Logic \$20,965/\$20,533/\$432	Provide 5, three-week "Parenting with Love & Logic" parent training courses to a minimum of 38 parents in the communities of Caliente, Pioche, Panaca, Alamo, and the Caliente Youth Center. 38/36/95% (1)/0	80% of participants who complete the Protective Factors Survey (PFS) pre-test and post-test will show improvement in three or more of the 20 items of the PFS. (1)/0/0% 80/83	All parents who complete the "Parenting with Love and Logic" parenting course will complete a Client Satisfaction Survey. 80% of parents will answer ALWAYS to question 3, "Given my experience in the Love and Logic Parenting Program, I would recommend this program to my friends and family" (1)/0/0% 80/100
FRIENDS FAMILY RESOURCE CENTER Parenting and Family Support \$34,538/\$33,520/\$1,018	Through the provision of Baby Think it Over or Shaken Baby program to 100 youth in middle school, 70% will respond that they are satisfied with the trainer and the content of the class as measured on the client satisfaction survey and would recommend this program to friends. 100/139/139% 70/0	Through the provision of evidence based parenting, a minimum of six classes using Parents as Teachers and/or Parenting Wisely will be provided to a maximum of 50 adults; 80% of parent participants who complete the classes will show improvement in four or more of the 20 items on the Protective Factors Survey as measured by the pre and post survey. 50/75/150% 80/95	80% of participants who complete the parenting program will agree that they have been given information that will improve their parenting skills, as indicated by circling 4 or 5 (on a scale of 1 to 5) on the client satisfaction survey to a question such as "Given my experience in the parenting program, I will recommend this program to my friends and family." [Scale: 5=Always; 4=Often; 3=Occasionally; 2=Rarely; 1=Never] 50/121/242% 80/95

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FY11 Fourth Quarter Progress Report

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Children's Trust Fund			
Nevada Outreach Training Organization-No To Abuse Nurturing Parents of Children 0-4 and Building Stronger Families. \$47,501/\$31,436/\$16,065	Provide five, 8-week sessions of "Nurturing Parents" for 50 parents with children Birth to age 4 English and Spanish in Pahrump. 80% of participants who complete the Protective Factors Survey (PFS) pre- and post-test will show improvement in three or more of the 20 items on the PFS. 50/92/184% 80/99	Provide 24 one-day sessions of "Nurturing Parenting" for 50 parents of children Birth to 4 years old in Armagosa in English and Spanish. 80% of participants who complete the Protective Factors Survey (PFS) pre- and post-test will show improvement in three or more of the 20 items of the PFS. 50/50/100% 80/98	Provide five 9-week sessions of "Nurturing Parenting" for 50 pre-natal parents in Pahrump in English and Spanish. 80% of participants who complete the Nurturing Skills Competency Scale pre-and post-test will show improvement. 50/75/150% 80/94
Northern Nevada RAVE Family Foundation Respite Services - Rave Family Center \$71,879/\$71,876/\$3	50 children ages 3 months through 6 years of age with disabilities and special needs and foster children and their siblings will be served at the RAVE Family Center. 70% of the families will indicate through post respite surveys that they have experienced a reduction in levels of family stress as a result of the respite services received. 50/78/156% 70/78	A minimum of 70% of the 50 children served in the Rave Family center will not enter or reenter the Child Protective Services (CPS) system. Records will be reviewed in the 2nd and 4th quarters. 50/78/156% 70/165	RAVE will provide training in care of young children with special needs to a minimum of 60 youth volunteers per year. 70% of the students trained will provide volunteer respite services in the RAVE Family center. 60/84/140% 70/282

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FY11 Fourth Quarter Progress Report

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Children's Trust Fund			
Ron Wood Family Resource Center Positive Action " Positive Communication for Positive Results" \$85,024/\$85,024/\$0	Through the provision of a 16 hour Positive Action Parenting Workshop class to 100 parents, 80% of parents who complete the Protective Factors Survey (PFS) will show improvement in 3 or more of the 20 items of the PFS. 100/101/101% 80/100	Upon completion of the Positive Action Parenting Workshop class, 80% of parents who complete the workshop series will indicate an above average level of satisfaction with the workshop content and execution. 100/85/85% 80/99	Of the 100 parents that will attend parenting classes, 50 parents will accept case management services and 80% of these parents will have a welcome form and family goal worksheet. 50/51/102% 80/100
Saint Rose Dominican Health Foundation Teen Childbirth and Parenting Education \$44,021/\$44,021/\$0	Through the provision of 3, 3-week childbirth and baby care education classes to a minimum of 26 pregnant or parenting teens and significant others, 90% of participants will indicate increased knowledge of baby safety and care as measured by the retrospective post-assessment tool. 26/33/127% 90/79	Through the provision of 4, 5-week parenting classes utilizing a combination of Nurturing Parenting and Parenting with Love and Logic to a minimum of 34 teen parents, 80% of participants will indicate increased knowledge of how to keep their children safe, how to provide proper care to their children, and report a positive perception of their parenting competency as measured by the retrospective post-assessment tool. 34/45/132% 80/97	Through the distribution of a Client Satisfaction Survey to pregnant and/or parenting teens at the last scheduled class (childbirth & baby care and parenting classes), 80% of participants will indicate a positive response of "strongly agree (5)" or "agree (4)" to the question, "Given my experience in the program, I would recommend this program to my friends and family". 60/65/108% 80/100

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<u>Children's Trust Fund</u>			
Salvation Army Nurturing Parenting Program \$10,800/\$10,800/\$0	Through the provision of a 6 week Nurturing Parenting Program class to 18 parents, 80% of parents will show an increase in parenting knowledge in three or more areas of the Protective Factors Survey. 18/18/100% 90/100	Through customer satisfaction surveys conducted with the parent participants of the Nurturing Parenting program, 80% of participants will report satisfaction with the program, and a positive perception of the knowledge and skills gained, and their parenting competency. 18/18/100% 80/100	The Nurturing Parenting program will conduct outreach for enrollment to families registered in The Salvation Army Family Services database, the Family to Family and Family Resource Center participants, and the general community including presentations to schools, hospitals and community events with information including brochures and fact sheets on child abuse prevention and education. (1)/0/0% (1)/0
The Children's Cabinet, Inc. The Children's Cabinet Parenting Training Program \$23,792/\$23,792/\$0	Through the provision of information to 600 course participants on case management and counseling services available at The Children's Cabinet and other Washoe County family support services, 100% of participants will indicate a positive response. 600/848/141% 0/0	Through the provision of Parent Training to 600 parents annually, 80% of participants will demonstrate an increase in knowledge of parenting techniques measured by pre/post tests. 600/848/141% 80/94	Through the provision of client satisfaction surveys distributed at the end of the six-week course to all 600 class participants annually, 80% (480) of the individuals that complete the survey will indicate satisfaction with the parent training they received. [Scale: 5=Always; 4=Often; 3=Occasionally; 2=Rarely; 1=Never] 600/848/141% 80/96

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FY11 Fourth Quarter Progress Report

Organization Name Project Title Grant Amount/Pd Amt/Bal	Outcome #1 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #2 # Goal/YTD #/YTD % % Goal/ YTD %	Outcome #3 # Goal/YTD #/YTD % % Goal/ YTD %
<u>Children's Trust Fund</u>			
Washoe County Family Resource Center Coalition Parenting Education Program \$185,673/\$173,557/\$12,116	65% of 124 parents will report a change in their perception of their own parenting competency and in their child(ren)'s behavior. 124/164/132% 65/89	80% of 124 parents completing the Protective Factors Survey (PFS) will show improvement in three or more of the 20 items of the PFS. (1)/0/0% 80/99	Of the 124 parents served by ASPE, 87 (70%) will complete 5 home visits. 124/0/0% 70/87
Wells Family Resource and Cultural Center Just for Parents \$7,129/\$6,956/\$174	The Family Advocate will facilitate parenting classes using Active Parenting to at least 40 parents. 40/40/100% (1)/0	Through the provision of Active Parenting Now classes to 40 parents annually, 80% of parents who complete the Protective Factors Survey (PFS) will show improvements in 3 or more of the 20 items of the PFS. 40/40/100% 80/78	80% of participants who complete the parenting program will circle 4 or 5 to the questions, "Given my experience in the Active Parenting parent training program, I would recommend this program to my friends and family." (1)/0/0% 80/100

Grand Totals (14 items)

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director

STATE OF NEVADA



HAROLD COOK, Ph.D.
Administrator

JANE GRUNER
Deputy Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH & DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION & TREATMENT AGENCY
4126 Technology Way, 2nd Floor
Carson City, NV 89706
(775) 684-4190 • FAX (775) 684-4185

**ANNOUNCEMENT FOR
REQUEST FOR QUALIFICATIONS (RFQ)**

The Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency is accepting applications for:

**Substance Abuse Treatment Services including
Assessments and Referrals to Outpatient
Intensive Outpatient/Residential Levels of Care
&
Family Recovery Support Services**

The Substance Abuse Prevention and Treatment Agency (SAPTA) is seeking information from certified non-profit treatment programs that may have an interest in responding to the following scope of work. Responses must be received in the SAPTA office **no later than September 08, 2011, at 4:00 p.m.** Responses are to be directed only to the person designated below. Additionally, based upon the listed criteria, SAPTA seeks to determine a budgetary parameter for the overall service.

Please direct all inquiries to:

Layne Wilhelm, Treatment Supervisor
Substance Abuse Prevention and Treatment Agency
4126 Technology Way, 2nd Floor
Carson City, NV 89706

(775) 684-4190
lwilhelm@sapta.nv.gov

If you wish the forms electronically, you may contact Marianne Lockyer at
mlockyer@sapta.nv.gov

PURPOSE

Increase access to substance abuse assessments and treatment services in Nevada for individuals involved with Nevada Child Welfare Services. Money received by the Division pursuant to NRS 453A. 730 must be used to increase access to treatment and services to a family who is referred by an agency which provides child welfare services. Funding is available for delivery of services only, no capital improvement, land or building purchases, are allowed. SAPTA is seeking qualified facilities to provide services for a minimum of one hundred twenty (120) adult/families.

Personnel, travel, training, operation costs, and other related costs must be considered in the applicants proposed unit costs.

This RFQ is to address compliance with the Nevada Revised Statute below:

NRS 422A.370 Expedited application for treatment or services for certain persons.

1. If a person who is referred for treatment for mental health issues, treatment for substance abuse or any other treatment or service by an agency which provides child welfare services or by a court in a case involving a report of child abuse or neglect, the Division shall expedite the application of the person for such treatment or services to ensure that the person receives the treatment or services in a timely manner.

2. As used in this section, "agency which provides child welfare services" has the meaning ascribed to it in NRS 432B.030.

(Added to NRS by 2009, 329)

Performance Indicators:

1. Reduce the time between contact by Child Welfare Services and the appointment scheduling with the treatment program.
2. Reduce the time between the completion of the substance abuse assessment and admission into the appropriate level of treatment service or other determined services.
3. Increase overall admissions to individuals needing treatment services referred through the Child Welfare Services.

The Request for Qualifications (RFQ) application is open to certified non-profit treatment programs that may have an interest in responding to the following areas of service.

- To allow individuals and families referred by the child welfare agency to receive appointments for assessments and admission to the appropriate levels of substance abuse services on a priority basis under this State funding only. Should the individual or family need services after funding has been expended, the SAPT priority admissions will apply.
- Early intervention services to provide access to participation in evidence-base programs and services to address the increased risk for intergenerational abuse and dependence on alcohol and other drugs.
- Evidence-based strategies to address women's experience of trauma (e.g. Seeking Safety; Helping Women Recover; Trauma Recovery and Empowerment Model, etc.)

- Family counseling to strengthen family functioning and assist with reunification of families when the children have been in out-of-home placements.
- The collection of data to enable SAPTA and Child Welfare to report quarterly on the progress of this project in a manner parallel to outcomes identified in the National Outcome Measures (NOM's) to the Nevada Legislation, Child Welfare Division and DHHS.
- Purchase levels of service identified as appropriate with this population, performance based, and a designed length of service to promote a successful outcome.
- Recovery Support Services within a community will be essential for serving this population.
- An established working relationship with public health, head start, local schools, and both juvenile and adult probation/parole is necessary.
- **The submitted program unit costs are all inclusive for the level of service(s), as reimbursement will be based on per unit delivered.**
- Staff providing the services must be qualified and trained in the delivery of evidence-base family services regarding substance related disorders.
- Must comply with NAC 458 and NAC 641c, and NAC 449, as applicable.

FORMAT

Complete a maximum of a six (6) page narrative describing the applicant's ability to provide services, including location, facility, and past experience in delivery of services to this substance abuse population. Establish baseline for performance indicators and describe tracking procedures.

Complete attached budget and justify the requested funding in each category. Submit a scope of work with the requested funding for each service level provided-Residential III.3, Intensive Outpatient, Outpatient, and Assessments, with requested funding for each service level, based on proposed unit cost.

NEED FOR SERVICE

Submit a maximum of one (1) page narrative of the need for these specific services in the proposed service area.

STAFF AND TRAINING

Provide a brief one (1) page description of staff necessary to provide these services and program's ability to obtain these positions. Address training needs and facility compliance with the Bureau of Health Care Quality and Compliance.

INSTRUCTIONS AND INFORMATION

- Please submit one original and two copies, **by September 08, 2011** to Layne Wilhelm at the address provided on page 1. In addition, an electronic submission needs to be sent to Marianne Lockyer at mlockyer@sapta.nv.gov

- Please submit a cover page that provides the following information:
 - Organization name
 - Employer Identification Number
 - Director's name
 - Address
 - Telephone and fax
 - Contact person's name and title
 - Contact person's email address
 - DUNS Number
 - Religious Organization Status
- The narrative responses should be in Times New Roman, 12 point, 1" margins, and are not to exceed the specified page limitations.
- Evaluation and Award Process: Applications will be evaluated on the ability, unit costs, and qualifications, to provide the specified services in Nevada. Reviews will be conducted by an internal process and recommendations will be presented to the Administrator of Mental Health and Developmental Services and/or the Director of the Department of Health and Human Service for final decision.
- **Estimated start date for funding is October 01, 2011.**

Total Funding Available: \$700,000 (approximately) - All funding is contingent upon availability and may be reduced or discontinued at any time.

Attachments: Cover Page, Budget and Budget Justification, Scope of Work



QUARTER 7

PIP 5.1.7

Bridge Counseling

Nevada Department of Health and Human Services
Mental Health and Developmental Services
 (hereinafter referred to as the DIVISION)
Substance Abuse Prevention and Treatment Agency

Subgrant #:	12090MR
Budget Account #:	3170
Category #:	50
GL #:	8781

NOTICE OF SUBGRANT AWARD
TREATMENT SERVICES

Agency: Substance Abuse Prevention and Treatment Agency (SAPTA) DUNS: 02-158-8830	Subgrantee Name: Bridge Counseling Associates									
Address: 4126 Technology Way, 2 nd Floor Carson City, NV 89706	Address: 1701 W Charleston Avenue, Ste 400 Las Vegas NV 89102									
Subgrant Period: November 1, 2011 - June 30, 2012	Subgrantee EIN#: 88-0111970 Subgrantee DUNS#: 60-380-6258 Subgrantee Vendor#: T80603800									
Reason for Award: To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.										
County(ies) to be served: Clark										
Disbursement of funds will be as follows: Payment will be made upon review and approval of monthly utilization reports <i>specific to this subgrant</i> . Total reimbursement will not exceed \$139,915 during the subgrant period.										
Source of Funds:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Amount:</th> <th style="width: 20%;">% of Funds:</th> <th style="width: 15%;">CFDA#:</th> <th style="width: 30%;">Federal Grant #:</th> </tr> </thead> <tbody> <tr> <td>1. State General Funds – Marijuana Registry – Adult</td> <td style="text-align: center;">\$139,915</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">--- ---</td> </tr> </tbody> </table>	Amount:	% of Funds:	CFDA#:	Federal Grant #:	1. State General Funds – Marijuana Registry – Adult	\$139,915	100%	--- ---	
Amount:	% of Funds:	CFDA#:	Federal Grant #:							
1. State General Funds – Marijuana Registry – Adult	\$139,915	100%	--- ---							
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A-C, and Attachments A-C of this subgrant award.										
Authorized Subgrantee Official	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Print Name, Title</th> <th style="width: 40%;">Signature</th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr> <td>Deborah McBride Agency Director</td> <td></td> <td></td> </tr> <tr> <td>Mental Health Developmental Services Administration</td> <td></td> <td></td> </tr> </tbody> </table>	Print Name, Title	Signature	Date	Deborah McBride Agency Director			Mental Health Developmental Services Administration		
Print Name, Title	Signature	Date								
Deborah McBride Agency Director										
Mental Health Developmental Services Administration										

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Substance Abuse Prevention and Treatment Agency, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the subgrantee or must be refunded to the Division.
 2. Subgrantee acknowledges the continuation of this subgrant is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources.
 3. Subgrantee agrees to a unit cost reimbursement.
 4. Requests to revise the approved subgrant must be made in writing using the appropriate forms and provide sufficient narrative detail to determine justification.
 5. Any changes to the approved subgrant that will result in an amendment must be received 90 days prior to the end of the subgrant period (no later than March 30th) and completed 60 days prior to the end of the subgrant period (no later than April 30th). Change requests that will result in an amendment received after the 90 day deadline will be denied.
 6. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until notified in writing of resolution of any audit questions relating to individual subgrants.
- Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.
7. Subgrantee agrees to disclose any existing or potential conflicts of interest, as outlined in the SAPTA Conflict of Interest Policy Statement, relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
 8. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, gender, religion, age, sexual preference, disability or handicap condition (including AIDS and AIDS-related conditions).
 9. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
 10. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Division, as required by 45 C.F.R 164.504 (e).

11. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
12. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.
13. Division subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically;
 - d. determine reliability of financial aspects of the conduct of the project; and
 - e. chapter 218 of the NRS states that the Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218.850, shall conduct a special audit of an entity which is not an agency of this State but which receives an appropriation of public money during any fiscal year. The subgrantee agrees to make available to the Legislative Auditor of the State of Nevada all books, accounts, claims, reports, vouchers or other records of information that the Legislative Auditor determines to be necessary to conduct an audit pursuant to NRS 218.
14. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A copy of the final signed audit report must be sent to the Substance Abuse Prevention and Treatment Agency, Attn: Grants and Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV 89706, within nine (9) months of the close of the Subgrantee's fiscal year.

Division policy requires that for subgrantees not required to have an audit under OMB A-133, a Limited Scope Audit on Agreed Upon Procedures must be conducted by an independent, licensed Certified Public Accountant, using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards. A copy of the limited scope report must be sent to the Substance Abuse Prevention & Treatment Agency, Attn: Grants & Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV, 89706, within nine (9) months of the close of the Subgrantee's fiscal year.

15. Subgrantee shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. Subgrantee shall provide proof of worker's compensation insurance as required by Nevada Revised Statutes Chapters 616A through 616D inclusive. Commercial general liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent contractors, completed operations, personal injury, products, civil lawsuits, Title VII actions and liability assumed under an insured contract (including the tort liability of another assumed in a business contract). The Substance Abuse Prevention and Treatment Agency shall be named as the Certificate Holder on the Certificate of Liability Insurance.

16. State licensure/certification from the state Health Division, Bureau of Health Care Quality and Compliance: Programs funded by SAPTA are required to be in compliance with all state licensure and/or certification requirements. Currently the Bureau of Health Care Quality and Compliance (HCQC) has authority in regards to residential substance abuse services including social model and modified medical detoxification, opioid maintenance therapy, and medical laboratories. Programs are responsible for compliance with HCQC's requirements. SAPTA will confirm all information provided by subgrantees with HCQC staff. A copy of the current license should be submitted to SAPTA.
17. Subgrantee will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement.
18. Subgrantees will report within 24 hours the occurrence of an incident, following SAPTA policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program. [NAC 458.153 3(e)].
19. Subgrantees shall adhere to the requirements of the Federal Funding Accountability and Transparency Act, including an active Dun and Bradstreet Universal Number System (DUNS) number and current registration with the Central Contractor Registry (CCR).
20. Subgrantee will:
 - 1) Provide a copy of letters of engagement, audit reports and management letters within 10 days of receipt and acceptance by the organization's governing authority. This includes a copy of any corrective action resulting from discrepancies identified by the audit;
 - 2) Be a "smoke, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
 - 3) Have documentation verifying Nevada Repository and FBI background checks for all staff, volunteers, and consultants, if subgrantee serves minors;
 - 4) Adopt and maintain a system of internal controls consistent with Generally Accepted Accounting (GAAP) principles that results in the fiscal integrity and stability of the organization;
 - 5) Comply with all applicable rules, regulations, requirements, guidelines, and policies and procedures contained within:
 - a. 45 CFR Part 74,
 - b. OMB Circular A-133,
 - c. All applicable funding source requirements,
 - d. All other federal rules related to federal funding,
 - e. Chapter 458 of the Nevada Revised Statutes,
 - f. Chapter 458 of the Nevada Administrative Code,
 - g. Mental Health and Developmental Services policies and procedures,
 - h. Substance Abuse Prevention and Treatment Agency policies and procedures,
 - i. All applicable state regulations and policies, and
 - j. All terms listed within this award.
21. Certification must be current and fees paid prior to release of certificate in order to receive funding from the Division.
22. Failure to meet any condition listed within this subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION B**

Treatment Services Additional Assurances

Subgrantees providing **Treatment services** also agree to:

- 1) The Agency agrees to assist SAPTA and/or child welfare agencies with Interim Finance Committee (IFC) quarterly reports and submit them in a timely manner as requested addressing the performance indicators stated in the funding source information below.
- 2) Complete a substance abuse assessment or comprehensive evaluation in collaboration with the Child Welfare agency making the referral and in a manner acceptable to said Child Welfare agency. If the assessment is deemed unsatisfactory, reimbursement will not be paid until a satisfactory product is received by the child welfare agency. Integrated and comprehensive evaluations will be provided, as requested by the Child Welfare agency, to address both substance abuse and mental health needs. The Child Welfare agency can refer both adults and adolescents.
- 3) Allow individuals and families referred by the Child Welfare agency to receive appointments for assessments and admission to the appropriate levels of substance abuse services on a priority basis under this funding only.
- 4) Use evidence-based strategies to address women's experience of trauma (e.g. Seeking Safety, Helping Women Recover, Trauma Recovery, and Empowerment Model).
- 5) Offer early intervention services to provide access to participation in evidence-based programs and services to address the increased risk for intergenerational abuse and dependence on alcohol and other drugs.
- 6) Provide family counseling to strengthen family functioning and assist with reunification of families when the children have been in out-of-home placements.
- 7) Purchase levels of service identified as appropriate with this population, performance based, and a designed length of service to promote a successful outcome.
- 8) An established working relationship with public health, head start, local schools, and both juvenile and adult probation/parole is necessary.
- 9) The submitted program unit costs are all inclusive for the level of service(s); reimbursement is per unit delivered.
- 10) Staff providing the services must be qualified and trained in the delivery of evidence-based family services regarding substance related disorders.
- 11) Programs will maintain regular contact with the Child Welfare worker assigned to the family and participate in child and family team meetings as requested by the Child Welfare agency.
- 12) When working with special populations (women, adolescents, co-occurring, etc.) there must be specialized training acquired and/or planned to respond to the specific client treatment needs. Maintain documentation of training in a personnel folder.
- 13) Continue to provide and/or offer:
 - a. Evidence Based Practices (EBP) training to all appropriate clinical staff
 - b. Basic counseling skill building activities
 - c. Provide ongoing clinical supervision skills for interns to include evidence based related activities
- 14) Maintain a 40% treatment engagement rate for those individuals admitted to social detoxification services.
- 15) Each provider is responsible for accurately reporting data related to the National Outcome Measures. The information is contained within the Assessment, Admission, Treatment Plans, and Discharge documents. Quality Assurance activities must include the review of these documents by qualified professional staff. Subgrantee will accurately enter all required data into the Nevada Health Information Provider Performance System (NHIPPS) no later than the 10th of the following month in order to ensure the timely processing of reimbursements.

CONTACT INFORMATION

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775-684-4185 fax

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Las Vegas NV 89119
702-486-8250 phone
702-486-8253 fax

FUNDING SOURCE INFORMATION:

The following descriptions briefly explain the various types of funding available from SAPTA. Please refer to the signature page of this document to see which description applies to the particular fund source awarded.

- A. Substance Abuse Prevention and Treatment Block Grant (SAPTBG): SAPTBG funds are federally awarded. According to SAPTBG, these funds are available to support all types of treatment and prevention for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- B. State General Funds (SGF): SGF funds are appropriated by the State Legislature. These funds are available to support all types of treatment for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- C. Marijuana Registry (MR): MR funds are appropriated through state mandated medical marijuana registry fees. These funds are available to provide alcohol and drug abuse programs to persons referred to the Division by agencies which provide child welfare services. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- D. State Liquor Tax (SLT): SLT funds are appropriated through state mandated liquor taxes. These funds are available to support all types of treatment for alcohol abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions", although some requirements for civil protective custody services may be waived. Subgrantees must clearly address the priority populations and services identified below:
 - i. Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.
 - ii. Priority will be given to:
 - a) Areas of the state where there is a shortage of personnel to conduct treatment for alcoholism and alcohol abuse.
 - b) Needs of counties to provide civil protective custody pursuant to NRS 458.270.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION C**

Description of services, scope of work, deliverables and reimbursement

Bridge Counseling Associates, hereinafter referred to as Subgrantee, agrees to adhere to the following:

Provide all services as identified in the scope of work (Attachment A). Additionally, the program will meet the performance indicators provided in Attachment B.

Conditions:

- 1) **RESTRICTIONS ON EXPENDITURE OF FUNDS:** Subgrantees will NOT expend SAPTA funds for any of the following purposes:
 - a. To provide in-patient hospital substance abuse services.
 - b. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - c. To make purchases, including equipment, over \$1,000.
 - d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
 - e. To provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. To make payments to intended recipients of health services.
 - g. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
 - h. To provide treatment services in penal or correctional institutions of the state.
 - i. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.
- 2) **ADMISSION PRIORITY:** Should the individual or family continue to need services after all awarded Marijuana Registry funds have been expended, the SAPT priority admissions will apply. Treatment admission prioritization must be applied and conducted in the following order:
 - a. Pregnant injection drug users
 - b. Pregnant substance abusers
 - c. Non-pregnant injection drug users
 - d. All others

Subgrantee agrees to adhere to the following Unit Cost Reimbursement:

Category of Service	Max Unit Cost
Comprehensive Evaluation Adults	120.00
Comprehensive Evaluation Adolescents	120.00
Substance Abuse Assessment Adults	90.00
Substance Abuse Assessment Adolescents	90.00
Outpatient Services – Individual Counseling (Level I) Adults	65.00
Outpatient Services – Group Counseling (Level I) Adults	25.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00
Intensive Outpatient Treatment (Level II.1) Adults	75.00
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00
Residential Treatment (Level III) Adults	100.00
Residential Treatment (Level III) Adolescents	100.00
Detoxification (Level III.2-D and III.7D) Adult	130.00
Detoxification (Level III.2-D and III.7D) Adolescent	80.00

REIMBURSEMENT shall be on the following basis:

1. Requests for advance of payment (including interim payments) will not be considered or allowed.
2. A monthly utilization report will be run by SAPTA staff on the 15th day of the following month to determine the reimbursement amount. The reimbursement rates for unit cost are shown in the table above. If data entered in NHIPPS by the subgrantee is determined to be inaccurate or incomplete, reimbursement(s) will be held until resolved.
3. SAPTA may withhold reimbursement if ANY terms of the subgrant are not met, including failure to meet the scope of work.

SAPTA agrees to:

1. Process reimbursements in a timely manner.
2. Provide technical assistance to ensure compliance with subgrant and to maintain program integrity.

Both parties agree: Program Compliance and Fiscal Monitors are a condition of receipt of SAPTA funding. Programs receiving SAPTA funding are required to participate in both the certification and the monitor processes. Failure to comply will result in disqualification of future funding and/or termination of current funding.

A monitor is regulatory in nature and the purpose of a SAPTA monitor is to accomplish the following:

- Verify that funds are being utilized as identified in grant award documents.
- Ensure that SAPTA funds programs in compliance with state and federal requirements and restrictions.
- Identify problems or difficulties at an early point in time.
- Coordinate the efficient delivery of services to Nevada's population.

This subgrant agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

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QUARTER 7

PIP 5.1.7

Bristlecone

**Nevada Department of Health and Human Services
Mental Health and Developmental Services
(hereinafter referred to as the DIVISION)
Substance Abuse Prevention and Treatment Agency**

Subgrant #:	12140MR
Budget Account #:	3170
Category #:	50
GL #:	8781

**NOTICE OF SUBGRANT AWARD
TREATMENT SERVICES**

Agency: Substance Abuse Prevention and Treatment Agency (SAPTA) DUNS: 02-158-8830		Subgrantee Name: Bristlecone Family Resources		
Address: 4126 Technology Way, 2 nd Floor Carson City, NV 89706		Address: PO Box 52230 Sparks NV 89435-2230		
Subgrant Period: November 1, 2011 - June 30, 2012		Subgrantee EIN#: 88-0114925 Subgrantee DUNS#: 87-480-2499 Subgrantee Vendor#: T80479510		
Reason for Award: To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.				
County(ies) to be served: Washoe				
Disbursement of funds will be as follows: Payment will be made upon review and approval of monthly utilization reports <i>specific to this subgrant</i> . Total reimbursement will not exceed \$73,995 during the subgrant period.				
Source of Funds:	Amount:	% of Funds:	CFDA#:	Federal Grant #:
1. State General Funds – Marijuana Registry – Adult	\$73,995	100%	---	---
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A-C, and Attachments A-C of this subgrant award.				
Authorized Subgrantee Official	Print Name, Title	Signature	Date	
Deborah McBride Agency Director				
Mental Health Developmental Services Administration				

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Substance Abuse Prevention and Treatment Agency, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the subgrantee or must be refunded to the Division.
2. Subgrantee acknowledges the continuation of this subgrant is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources.
3. Subgrantee agrees to a unit cost reimbursement.
4. Requests to revise the approved subgrant must be made *in writing* using the appropriate forms and provide sufficient narrative detail to determine justification.
5. Any changes to the approved subgrant that will result in an amendment must be received 90 days prior to the end of the subgrant period (no later than March 30th) and completed 60 days prior to the end of the subgrant period (no later than April 30th). Change requests that will result in an amendment received after the 90 day deadline will be denied.
6. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until notified in writing of resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

7. Subgrantee agrees to disclose any existing or potential conflicts of interest, as outlined in the SAPTA Conflict of Interest Policy Statement, relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
8. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, gender, religion, age, sexual preference, disability or handicap condition (including AIDS and AIDS-related conditions).
9. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
10. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Division, as required by 45 C.F.R 164.504 (e).

11. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
12. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.
13. Division subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically;
 - d. determine reliability of financial aspects of the conduct of the project; and
 - e. chapter 218 of the NRS states that the Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218.850, shall conduct a special audit of an entity which is not an agency of this State but which receives an appropriation of public money during any fiscal year. The subgrantee agrees to make available to the Legislative Auditor of the State of Nevada all books, accounts, claims, reports, vouchers or other records of information that the Legislative Auditor determines to be necessary to conduct an audit pursuant to NRS 218.
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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION B**

Treatment Services Additional Assurances

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- D. State Liquor Tax (SLT): SLT funds are appropriated through state mandated liquor taxes. These funds are available to support all types of treatment for alcohol abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions", although some requirements for civil protective custody services may be waived. Subgrantees must clearly address the priority populations and services identified below:
 - i. Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.
 - ii. Priority will be given to:
 - a) Areas of the state where there is a shortage of personnel to conduct treatment for alcoholism and alcohol abuse.
 - b) Needs of counties to provide civil protective custody pursuant to NRS 458.270.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION C**

Description of services, scope of work, deliverables and reimbursement

Bristlecone Family Resources, hereinafter referred to as Subgrantee, agrees to adhere to the following:

Provide all services as identified in the scope of work (Attachment A). Additionally, the program will meet the performance indicators provided in Attachment B.

Conditions:

- 1) **RESTRICTIONS ON EXPENDITURE OF FUNDS:** Subgrantees will NOT expend SAPTA funds for any of the following purposes:
 - a. To provide in-patient hospital substance abuse services.
 - b. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - c. To make purchases, including equipment, over \$1,000.
 - d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
 - e. To provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. To make payments to intended recipients of health services.
 - g. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
 - h. To provide treatment services in penal or correctional institutions of the state.
 - i. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.
- 2) **ADMISSION PRIORITY:** Should the individual or family continue to need services after all awarded Marijuana Registry funds have been expended, the SAPT priority admissions will apply. Treatment admission prioritization must be applied and conducted in the following order:
 - a. Pregnant injection drug users
 - b. Pregnant substance abusers
 - c. Non-pregnant injection drug users
 - d. All others

Subgrantee agrees to adhere to the following Unit Cost Reimbursement:

Category of Service	Max Unit Cost
Comprehensive Evaluation Adults	120.00
Comprehensive Evaluation Adolescents	120.00
Substance Abuse Assessment Adults	90.00
Substance Abuse Assessment Adolescents	90.00
Outpatient Services – Individual Counseling (Level I) Adults	65.00
Outpatient Services – Group Counseling (Level I) Adults	25.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00
Intensive Outpatient Treatment (Level II.1) Adults	75.00
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00
Residential Treatment (Level III) Adults	100.00
Residential Treatment (Level III) Adolescents	100.00
Detoxification (Level III.2-D and III.7D) Adult	130.00
Detoxification (Level III.2-D and III.7D) Adolescent	80.00

REIMBURSEMENT shall be on the following basis:

1. Requests for advance of payment (including interim payments) will not be considered or allowed.
2. A monthly utilization report will be run by SAPTA staff on the 15th day of the following month to determine the reimbursement amount. The reimbursement rates for unit cost are shown in the table above. If data entered in NHIPPS by the subgrantee is determined to be inaccurate or incomplete, reimbursement(s) will be held until resolved.
3. SAPTA may withhold reimbursement if ANY terms of the subgrant are not met, including failure to meet the scope of work.

SAPTA agrees to:

1. Process reimbursements in a timely manner.
2. Provide technical assistance to ensure compliance with subgrant and to maintain program integrity.

Both parties agree: Program Compliance and Fiscal Monitors are a condition of receipt of SAPTA funding. Programs receiving SAPTA funding are required to participate in both the certification and the monitor processes. Failure to comply will result in disqualification of future funding and/or termination of current funding.

A monitor is regulatory in nature and the purpose of a SAPTA monitor is to accomplish the following:

- Verify that funds are being utilized as identified in grant award documents.
- Ensure that SAPTA funds programs in compliance with state and federal requirements and restrictions.
- Identify problems or difficulties at an early point in time.
- Coordinate the efficient delivery of services to Nevada's population.

This subgrant agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

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QUARTER 7

PIP 5.1.7

Community

Counseling

Center

**Nevada Department of Health and Human Services
Mental Health and Developmental Services
(hereinafter referred to as the DIVISION)
Substance Abuse Prevention and Treatment Agency**

Subgrant #:	12080MR
Budget Account #:	3170
Category #:	50
GL #:	8781

**NOTICE OF SUBGRANT AWARD
TREATMENT SERVICES**

Agency: Substance Abuse Prevention and Treatment Agency (SAPTA) DUNS: 02-158-8830	Subgrantee Name: Community Counseling Center - Las Vegas									
Address: 4126 Technology Way, 2 nd Floor Carson City, NV 89706	Address: 714 E Sahara, Ste 101 Las Vegas NV 89104									
Subgrant Period: November 1, 2011 - June 30, 2012	Subgrantee EIN#: 94-3119458 Subgrantee DUNS#: 79-488-1490 Subgrantee Vendor#: T80943219									
Reason for Award: To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.										
County(ies) to be served: Clark										
Disbursement of funds will be as follows: Payment will be made upon review and approval of monthly utilization reports <i>specific to this subgrant</i> . Total reimbursement will not exceed \$46,645 during the subgrant period.										
Source of Funds: 1. State General Funds – Marijuana Registry – Adult	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Amount:</th> <th style="width: 25%;">% of Funds:</th> <th style="width: 25%;">CFDA#:</th> <th style="width: 25%;">Federal Grant #:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$46,645</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">---</td> <td style="text-align: center;">---</td> </tr> </tbody> </table>	Amount:	% of Funds:	CFDA#:	Federal Grant #:	\$46,645	100%	---	---	
Amount:	% of Funds:	CFDA#:	Federal Grant #:							
\$46,645	100%	---	---							
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A-C, and Attachments A-C of this subgrant award.										
Authorized Subgrantee Official Deborah McBride Agency Director Mental Health Developmental Services Administration	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Print Name, Title</th> <th style="width: 30%;">Signature</th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>	Print Name, Title	Signature	Date						
Print Name, Title	Signature	Date								

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Substance Abuse Prevention and Treatment Agency, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the subgrantee or must be refunded to the Division.
2. Subgrantee acknowledges the continuation of this subgrant is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources.
3. Subgrantee agrees to a unit cost reimbursement.
4. Requests to revise the approved subgrant must be made *in writing* using the appropriate forms and provide sufficient narrative detail to determine justification.
5. Any changes to the approved subgrant that will result in an amendment must be received 90 days prior to the end of the subgrant period (no later than March 30th) and completed 60 days prior to the end of the subgrant period (no later than April 30th). Change requests that will result in an amendment received after the 90 day deadline will be denied.
6. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until notified in writing of resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

7. Subgrantee agrees to disclose any existing or potential conflicts of interest, as outlined in the SAPTA Conflict of Interest Policy Statement, relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
8. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, gender, religion, age, sexual preference, disability or handicap condition (including AIDS and AIDS-related conditions).
9. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
10. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Division, as required by 45 C.F.R 164.504 (e).

11. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
12. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.
13. Division subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically;
 - d. determine reliability of financial aspects of the conduct of the project; and
 - e. chapter 218 of the NRS states that the Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218.850, shall conduct a special audit of an entity which is not an agency of this State but which receives an appropriation of public money during any fiscal year. The subgrantee agrees to make available to the Legislative Auditor of the State of Nevada all books, accounts, claims, reports, vouchers or other records of information that the Legislative Auditor determines to be necessary to conduct an audit pursuant to NRS 218.
14. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A copy of the final signed audit report must be sent to the Substance Abuse Prevention and Treatment Agency, Attn: Grants and Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV 89706, within nine (9) months of the close of the Subgrantee's fiscal year.

Division policy requires that for subgrantees not required to have an audit under OMB A-133, a Limited Scope Audit on Agreed Upon Procedures must be conducted by an independent, licensed Certified Public Accountant, using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards. A copy of the limited scope report must be sent to the Substance Abuse Prevention & Treatment Agency, Attn: Grants & Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV, 89706, within nine (9) months of the close of the Subgrantee's fiscal year.

15. Subgrantee shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. Subgrantee shall provide proof of worker's compensation insurance as required by Nevada Revised Statutes Chapters 616A through 616D inclusive. Commercial general liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent contractors, completed operations, personal injury, products, civil lawsuits, Title VII actions and liability assumed under an insured contract (including the tort liability of another assumed in a business contract). The Substance Abuse Prevention and Treatment Agency shall be named as the Certificate Holder on the Certificate of Liability Insurance.

16. State licensure/certification from the state Health Division, Bureau of Health Care Quality and Compliance: Programs funded by SAPTA are required to be in compliance with all state licensure and/or certification requirements. Currently the Bureau of Health Care Quality and Compliance (HCQC) has authority in regards to residential substance abuse services including social model and modified medical detoxification, opioid maintenance therapy, and medical laboratories. Programs are responsible for compliance with HCQC's requirements. SAPTA will confirm all information provided by subgrantees with HCQC staff. A copy of the current license should be submitted to SAPTA.
17. Subgrantee will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement.
18. Subgrantees will report within 24 hours the occurrence of an incident, following SAPTA policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program. [NAC 458.153 3(e)].
19. Subgrantees shall adhere to the requirements of the Federal Funding Accountability and Transparency Act, including an active Dun and Bradstreet Universal Number System (DUNS) number and current registration with the Central Contractor Registry (CCR).
20. Subgrantee will:
 - 1) Provide a copy of letters of engagement, audit reports and management letters within 10 days of receipt and acceptance by the organization's governing authority. This includes a copy of any corrective action resulting from discrepancies identified by the audit;
 - 2) Be a "smoke, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
 - 3) Have documentation verifying Nevada Repository and FBI background checks for all staff, volunteers, and consultants, if subgrantee serves minors;
 - 4) Adopt and maintain a system of internal controls consistent with Generally Accepted Accounting (GAAP) principles that results in the fiscal integrity and stability of the organization;
 - 5) Comply with all applicable rules, regulations, requirements, guidelines, and policies and procedures contained within:
 - a. 45 CFR Part 74,
 - b. OMB Circular A-133,
 - c. All applicable funding source requirements,
 - d. All other federal rules related to federal funding,
 - e. Chapter 458 of the Nevada Revised Statutes,
 - f. Chapter 458 of the Nevada Administrative Code,
 - g. Mental Health and Developmental Services policies and procedures,
 - h. Substance Abuse Prevention and Treatment Agency policies and procedures,
 - i. All applicable state regulations and policies, and
 - j. All terms listed within this award.
21. Certification must be current and fees paid prior to release of certificate in order to receive funding from the Division.
22. Failure to meet any condition listed within this subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION B**

Treatment Services Additional Assurances

Subgrantees providing **Treatment services** also agree to:

- 1) The Agency agrees to assist SAPTA and/or child welfare agencies with Interim Finance Committee (IFC) quarterly reports and submit them in a timely manner as requested addressing the performance indicators stated in the funding source information below.
- 2) Complete a substance abuse assessment or comprehensive evaluation in collaboration with the Child Welfare agency making the referral and in a manner acceptable to said Child Welfare agency. If the assessment is deemed unsatisfactory, reimbursement will not be paid until a satisfactory product is received by the child welfare agency. Integrated and comprehensive evaluations will be provided, as requested by the Child Welfare agency, to address both substance abuse and mental health needs. The Child Welfare agency can refer both adults and adolescents.
- 3) Allow individuals and families referred by the Child Welfare agency to receive appointments for assessments and admission to the appropriate levels of substance abuse services on a priority basis under this funding only.
- 4) Use evidence-based strategies to address women's experience of trauma (e.g. Seeking Safety, Helping Women Recover, Trauma Recovery, and Empowerment Model).
- 5) Offer early intervention services to provide access to participation in evidence-based programs and services to address the increased risk for intergenerational abuse and dependence on alcohol and other drugs.
- 6) Provide family counseling to strengthen family functioning and assist with reunification of families when the children have been in out-of-home placements.
- 7) Purchase levels of service identified as appropriate with this population, performance based, and a designed length of service to promote a successful outcome.
- 8) An established working relationship with public health, head start, local schools, and both juvenile and adult probation/parole is necessary.
- 9) The submitted program unit costs are all inclusive for the level of service(s); reimbursement is per unit delivered.
- 10) Staff providing the services must be qualified and trained in the delivery of evidence-based family services regarding substance related disorders.
- 11) Programs will maintain regular contact with the Child Welfare worker assigned to the family and participate in child and family team meetings as requested by the Child Welfare agency.
- 12) When working with special populations (women, adolescents, co-occurring, etc.) there must be specialized training acquired and/or planned to respond to the specific client treatment needs. Maintain documentation of training in a personnel folder.
- 13) Continue to provide and/or offer:
 - a. Evidence Based Practices (EBP) training to all appropriate clinical staff
 - b. Basic counseling skill building activities
 - c. Provide ongoing clinical supervision skills for interns to include evidence based related activities
- 14) Maintain a 40% treatment engagement rate for those individuals admitted to social detoxification services.
- 15) Each provider is responsible for accurately reporting data related to the National Outcome Measures. The information is contained within the Assessment, Admission, Treatment Plans, and Discharge documents. Quality Assurance activities must include the review of these documents by qualified professional staff. Subgrantee will accurately enter all required data into the Nevada Health Information Provider Performance System (NHIPPS) no later than the 10th of the following month in order to ensure the timely processing of reimbursements.

CONTACT INFORMATION

All questions or concerns should be directed to the subgrantees' assigned analyst. Contact information is as follows:

Carson City office:
4126 Technology Way, 2nd Floor
Carson City NV 89706
775-684-4190 phone
775-684-4185 fax

Las Vegas Office:
4220 S Maryland Pkwy, Bldg D, #806
Las Vegas NV 89119
702-486-8250 phone
702-486-8253 fax

FUNDING SOURCE INFORMATION:

The following descriptions briefly explain the various types of funding available from SAPTA. Please refer to the signature page of this document to see which description applies to the particular fund source awarded.

- A. Substance Abuse Prevention and Treatment Block Grant (SAPTBG): SAPTBG funds are federally awarded. According to SAPTBG, these funds are available to support all types of treatment and prevention for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- B. State General Funds (SGF): SGF funds are appropriated by the State Legislature. These funds are available to support all types of treatment for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- C. Marijuana Registry (MR): MR funds are appropriated through state mandated medical marijuana registry fees. These funds are available to provide alcohol and drug abuse programs to persons referred to the Division by agencies which provide child welfare services. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- D. State Liquor Tax (SLT): SLT funds are appropriated through state mandated liquor taxes. These funds are available to support all types of treatment for alcohol abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions", although some requirements for civil protective custody services may be waived. Subgrantees must clearly address the priority populations and services identified below:
 - i. Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.
 - ii. Priority will be given to:
 - a) Areas of the state where there is a shortage of personnel to conduct treatment for alcoholism and alcohol abuse.
 - b) Needs of counties to provide civil protective custody pursuant to NRS 458.270.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION C**

Description of services, scope of work, deliverables and reimbursement

Community Counseling Center - Las Vegas, hereinafter referred to as Subgrantee, agrees to adhere to the following:

Provide all services as identified in the scope of work (Attachment A). Additionally, the program will meet the performance indicators provided in Attachment B.

Conditions:

- 1) **RESTRICTIONS ON EXPENDITURE OF FUNDS:** Subgrantees will NOT expend SAPTA funds for any of the following purposes:
 - a. To provide in-patient hospital substance abuse services.
 - b. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - c. To make purchases, including equipment, over \$1,000.
 - d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
 - e. To provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. To make payments to intended recipients of health services.
 - g. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
 - h. To provide treatment services in penal or correctional institutions of the state.
 - i. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.
- 2) **ADMISSION PRIORITY:** Should the individual or family continue to need services after all awarded Marijuana Registry funds have been expended, the SAPT priority admissions will apply. Treatment admission prioritization must be applied and conducted in the following order:
 - a. Pregnant injection drug users
 - b. Pregnant substance abusers
 - c. Non-pregnant injection drug users
 - d. All others

Subgrantee agrees to adhere to the following Unit Cost Reimbursement:

Category of Service	Max Unit Cost
Comprehensive Evaluation Adults	120.00
Comprehensive Evaluation Adolescents	120.00
Substance Abuse Assessment Adults	90.00
Substance Abuse Assessment Adolescents	90.00
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Intensive Outpatient Treatment (Level II.1) Adolescents	60.00
Residential Treatment (Level III) Adults	100.00
Residential Treatment (Level III) Adolescents	100.00
Detoxification (Level III.2-D and III.7D) Adult	130.00
Detoxification (Level III.2-D and III.7D) Adolescent	80.00

REIMBURSEMENT shall be on the following basis:

1. Requests for advance of payment (including interim payments) will not be considered or allowed.
2. A monthly utilization report will be run by SAPTA staff on the 15th day of the following month to determine the reimbursement amount. The reimbursement rates for unit cost are shown in the table above. If data entered in NHIPPS by the subgrantee is determined to be inaccurate or incomplete, reimbursement(s) will be held until resolved.
3. SAPTA may withhold reimbursement if ANY terms of the subgrant are not met, including failure to meet the scope of work.

SAPTA agrees to:

1. Process reimbursements in a timely manner.
2. Provide technical assistance to ensure compliance with subgrant and to maintain program integrity.

Both parties agree: Program Compliance and Fiscal Monitors are a condition of receipt of SAPTA funding. Programs receiving SAPTA funding are required to participate in both the certification and the monitor processes. Failure to comply will result in disqualification of future funding and/or termination of current funding.

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- Verify that funds are being utilized as identified in grant award documents.
- Ensure that SAPTA funds programs in compliance with state and federal requirements and restrictions.
- Identify problems or difficulties at an early point in time.
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QUARTER 7

PIP 5.1.7

**Family
Counseling
Service**

**Nevada Department of Health and Human Services
Mental Health and Developmental Services
(hereinafter referred to as the DIVISION)
Substance Abuse Prevention and Treatment Agency**

Subgrant #:	12083MR
Budget Account #:	3170
Category #:	50
GL #:	8781

**NOTICE OF SUBGRANT AWARD
TREATMENT SERVICES**

Agency: Substance Abuse Prevention and Treatment Agency (SAPTA) DUNS: 02-158-8830	Subgrantee Name: Family Counseling Service of Northern Nevada									
Address: 4126 Technology Way, 2 nd Floor Carson City, NV 89706	Address: 575 E Plumb Lane, Ste 100 Reno NV 89502									
Subgrant Period: November 1, 2011 - June 30, 2012	Subgrantee EIN#: 88-0090713 Subgrantee DUNS#: 01-813-5996 Subgrantee Vendor#: T81066020									
Reason for Award: To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.										
County(ies) to be served: Washoe										
Disbursement of funds will be as follows: Payment will be made upon review and approval of monthly utilization reports <i>specific to this subgrant</i> . Total reimbursement will not exceed \$41,020 during the subgrant period.										
Source of Funds: 1. State General Funds – Marijuana Registry – Adult	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Amount:</th> <th style="width: 30%;">% of Funds:</th> <th style="width: 20%;">CFDA#:</th> <th style="width: 20%;">Federal Grant #:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$41,020</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">---</td> <td style="text-align: center;">---</td> </tr> </tbody> </table>	Amount:	% of Funds:	CFDA#:	Federal Grant #:	\$41,020	100%	---	---	
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\$41,020	100%	---	---							
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A-C, and Attachments A-C of this subgrant award.										
Authorized Subgrantee Official	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Print Name, Title</th> <th style="width: 30%;">Signature</th> <th style="width: 20%;">Date</th> </tr> </thead> <tbody> <tr> <td>Deborah McBride Agency Director</td> <td></td> <td></td> </tr> <tr> <td>Mental Health Developmental Services Administration</td> <td></td> <td></td> </tr> </tbody> </table>	Print Name, Title	Signature	Date	Deborah McBride Agency Director			Mental Health Developmental Services Administration		
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DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Substance Abuse Prevention and Treatment Agency, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the subgrantee or must be refunded to the Division.
2. Subgrantee acknowledges the continuation of this subgrant is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources.
3. Subgrantee agrees to a unit cost reimbursement.
4. Requests to revise the approved subgrant must be made *in writing* using the appropriate forms and provide sufficient narrative detail to determine justification.
5. Any changes to the approved subgrant that will result in an amendment must be received 90 days prior to the end of the subgrant period (no later than March 30th) and completed 60 days prior to the end of the subgrant period (no later than April 30th). Change requests that will result in an amendment received after the 90 day deadline will be denied.
6. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
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Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

7. Subgrantee agrees to disclose any existing or potential conflicts of interest, as outlined in the SAPTA Conflict of Interest Policy Statement, relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
8. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, gender, religion, age, sexual preference, disability or handicap condition (including AIDS and AIDS-related conditions).
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11. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
12. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.
13. Division subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically;
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Division policy requires that for subgrantees not required to have an audit under OMB A-133, a Limited Scope Audit on Agreed Upon Procedures must be conducted by an independent, licensed Certified Public Accountant, using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards. A copy of the limited scope report must be sent to the Substance Abuse Prevention & Treatment Agency, Attn: Grants & Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV, 89706, within nine (9) months of the close of the Subgrantee's fiscal year.

15. Subgrantee shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. Subgrantee shall provide proof of worker's compensation insurance as required by Nevada Revised Statutes Chapters 616A through 616D inclusive. Commercial general liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent contractors, completed operations, personal injury, products, civil lawsuits, Title VII actions and liability assumed under an insured contract (including the tort liability of another assumed in a business contract). The Substance Abuse Prevention and Treatment Agency shall be named as the Certificate Holder on the Certificate of Liability Insurance.

16. State licensure/certification from the state Health Division, Bureau of Health Care Quality and Compliance: Programs funded by SAPTA are required to be in compliance with all state licensure and/or certification requirements. Currently the Bureau of Health Care Quality and Compliance (HCQC) has authority in regards to residential substance abuse services including social model and modified medical detoxification, opioid maintenance therapy, and medical laboratories. Programs are responsible for compliance with HCQC's requirements. SAPTA will confirm all information provided by subgrantees with HCQC staff. A copy of the current license should be submitted to SAPTA.
17. Subgrantee will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement.
18. Subgrantees will report within 24 hours the occurrence of an incident, following SAPTA policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program. [NAC 458.153 3(e)].
19. Subgrantees shall adhere to the requirements of the Federal Funding Accountability and Transparency Act, including an active Dun and Bradstreet Universal Number System (DUNS) number and current registration with the Central Contractor Registry (CCR).
20. Subgrantee will:
 - 1) Provide a copy of letters of engagement, audit reports and management letters within 10 days of receipt and acceptance by the organization's governing authority. This includes a copy of any corrective action resulting from discrepancies identified by the audit;
 - 2) Be a "smoke, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
 - 3) Have documentation verifying Nevada Repository and FBI background checks for all staff, volunteers, and consultants, if subgrantee serves minors;
 - 4) Adopt and maintain a system of internal controls consistent with Generally Accepted Accounting (GAAP) principles that results in the fiscal integrity and stability of the organization;
 - 5) Comply with all applicable rules, regulations, requirements, guidelines, and policies and procedures contained within:
 - a. 45 CFR Part 74,
 - b. OMB Circular A-133,
 - c. All applicable funding source requirements,
 - d. All other federal rules related to federal funding,
 - e. Chapter 458 of the Nevada Revised Statutes,
 - f. Chapter 458 of the Nevada Administrative Code,
 - g. Mental Health and Developmental Services policies and procedures,
 - h. Substance Abuse Prevention and Treatment Agency policies and procedures,
 - i. All applicable state regulations and policies, and
 - j. All terms listed within this award.
21. Certification must be current and fees paid prior to release of certificate in order to receive funding from the Division.
22. Failure to meet any condition listed within this subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION B**

Treatment Services Additional Assurances

Subgrantees providing **Treatment services** also agree to:

- 1) The Agency agrees to assist SAPTA and/or child welfare agencies with Interim Finance Committee (IFC) quarterly reports and submit them in a timely manner as requested addressing the performance indicators stated in the funding source information below.
- 2) Complete a substance abuse assessment or comprehensive evaluation in collaboration with the Child Welfare agency making the referral and in a manner acceptable to said Child Welfare agency. If the assessment is deemed unsatisfactory, reimbursement will not be paid until a satisfactory product is received by the child welfare agency. Integrated and comprehensive evaluations will be provided, as requested by the Child Welfare agency, to address both substance abuse and mental health needs. The Child Welfare agency can refer both adults and adolescents.
- 3) Allow individuals and families referred by the Child Welfare agency to receive appointments for assessments and admission to the appropriate levels of substance abuse services on a priority basis under this funding only.
- 4) Use evidence-based strategies to address women's experience of trauma (e.g. Seeking Safety, Helping Women Recover, Trauma Recovery, and Empowerment Model).
- 5) Offer early intervention services to provide access to participation in evidence-based programs and services to address the increased risk for intergenerational abuse and dependence on alcohol and other drugs.
- 6) Provide family counseling to strengthen family functioning and assist with reunification of families when the children have been in out-of-home placements.
- 7) Purchase levels of service identified as appropriate with this population, performance based, and a designed length of service to promote a successful outcome.
- 8) An established working relationship with public health, head start, local schools, and both juvenile and adult probation/parole is necessary.
- 9) The submitted program unit costs are all inclusive for the level of service(s); reimbursement is per unit delivered.
- 10) Staff providing the services must be qualified and trained in the delivery of evidence-based family services regarding substance related disorders.
- 11) Programs will maintain regular contact with the Child Welfare worker assigned to the family and participate in child and family team meetings as requested by the Child Welfare agency.
- 12) When working with special populations (women, adolescents, co-occurring, etc.) there must be specialized training acquired and/or planned to respond to the specific client treatment needs. Maintain documentation of training in a personnel folder.
- 13) Continue to provide and/or offer:
 - a. Evidence Based Practices (EBP) training to all appropriate clinical staff
 - b. Basic counseling skill building activities
 - c. Provide ongoing clinical supervision skills for interns to include evidence based related activities
- 14) Maintain a 40% treatment engagement rate for those individuals admitted to social detoxification services.
- 15) Each provider is responsible for accurately reporting data related to the National Outcome Measures. The information is contained within the Assessment, Admission, Treatment Plans, and Discharge documents. Quality Assurance activities must include the review of these documents by qualified professional staff. Subgrantee will accurately enter all required data into the Nevada Health Information Provider Performance System (NHIPPS) no later than the 10th of the following month in order to ensure the timely processing of reimbursements.

CONTACT INFORMATION

All questions or concerns should be directed to the subgrantees' assigned analyst. Contact information is as follows:

Carson City office:

4126 Technology Way, 2nd Floor
Carson City NV 89706
775-684-4190 phone
775-684-4185 fax

Las Vegas Office:

4220 S Maryland Pkwy, Bldg D, #806
Las Vegas NV 89119
702-486-8250 phone
702-486-8253 fax

FUNDING SOURCE INFORMATION:

The following descriptions briefly explain the various types of funding available from SAPTA. Please refer to the signature page of this document to see which description applies to the particular fund source awarded.

- A. Substance Abuse Prevention and Treatment Block Grant (SAPTBG): SAPTBG funds are federally awarded. According to SAPTBG, these funds are available to support all types of treatment and prevention for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- B. State General Funds (SGF): SGF funds are appropriated by the State Legislature. These funds are available to support all types of treatment for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- C. Marijuana Registry (MR): MR funds are appropriated through state mandated medical marijuana registry fees. These funds are available to provide alcohol and drug abuse programs to persons referred to the Division by agencies which provide child welfare services. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- D. State Liquor Tax (SLT): SLT funds are appropriated through state mandated liquor taxes. These funds are available to support all types of treatment for alcohol abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions", although some requirements for civil protective custody services may be waived. Subgrantees must clearly address the priority populations and services identified below:
 - i. Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.
 - ii. Priority will be given to:
 - a) Areas of the state where there is a shortage of personnel to conduct treatment for alcoholism and alcohol abuse.
 - b) Needs of counties to provide civil protective custody pursuant to NRS 458.270.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION C**

Description of services, scope of work, deliverables and reimbursement

Family Counseling Service of Northern Nevada, hereinafter referred to as Subgrantee, agrees to adhere to the following:

Provide all services as identified in the scope of work (Attachment A). Additionally, the program will meet the performance indicators provided in Attachment B.

Conditions:

- 1) **RESTRICTIONS ON EXPENDITURE OF FUNDS:** Subgrantees will NOT expend SAPTA funds for any of the following purposes:
 - a. To provide in-patient hospital substance abuse services.
 - b. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - c. To make purchases, including equipment, over \$1,000.
 - d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
 - e. To provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. To make payments to intended recipients of health services.
 - g. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
 - h. To provide treatment services in penal or correctional institutions of the state.
 - i. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.
- 2) **ADMISSION PRIORITY:** Should the individual or family continue to need services after all awarded Marijuana Registry funds have been expended, the SAPT priority admissions will apply. Treatment admission prioritization must be applied and conducted in the following order:
 - a. Pregnant injection drug users
 - b. Pregnant substance abusers
 - c. Non-pregnant injection drug users
 - d. All others

Subgrantee agrees to adhere to the following Unit Cost Reimbursement:

Category of Service	Max Unit Cost
Comprehensive Evaluation Adults	120.00
Comprehensive Evaluation Adolescents	120.00
Substance Abuse Assessment Adults	90.00
Substance Abuse Assessment Adolescents	90.00
Outpatient Services – Individual Counseling (Level I) Adults	65.00
Outpatient Services – Group Counseling (Level I) Adults	25.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00
Intensive Outpatient Treatment (Level II.1) Adults	75.00
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00
Residential Treatment (Level III) Adults	100.00
Residential Treatment (Level III) Adolescents	100.00
Detoxification (Level III.2-D and III.7D) Adult	130.00
Detoxification (Level III.2-D and III.7D) Adolescent	80.00

REIMBURSEMENT shall be on the following basis:

1. Requests for advance of payment (including interim payments) will not be considered or allowed.
2. A monthly utilization report will be run by SAPTA staff on the 15th day of the following month to determine the reimbursement amount. The reimbursement rates for unit cost are shown in the table above. If data entered in NHIPPS by the subgrantee is determined to be inaccurate or incomplete, reimbursement(s) will be held until resolved.
3. SAPTA may withhold reimbursement if ANY terms of the subgrant are not met, including failure to meet the scope of work.

SAPTA agrees to:

1. Process reimbursements in a timely manner.
2. Provide technical assistance to ensure compliance with subgrant and to maintain program integrity.

Both parties agree: Program Compliance and Fiscal Monitors are a condition of receipt of SAPTA funding. Programs receiving SAPTA funding are required to participate in both the certification and the monitor processes. Failure to comply will result in disqualification of future funding and/or termination of current funding.

A monitor is regulatory in nature and the purpose of a SAPTA monitor is to accomplish the following:

- Verify that funds are being utilized as identified in grant award documents.
- Ensure that SAPTA funds programs in compliance with state and federal requirements and restrictions.
- Identify problems or difficulties at an early point in time.
- Coordinate the efficient delivery of services to Nevada's population.

This subgrant agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

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QUARTER 7
PIP 5.1.7

New Frontier
Treatment
Center

Nevada Department of Health and Human Services
Mental Health and Developmental Services
 (hereinafter referred to as the DIVISION)
Substance Abuse Prevention and Treatment Agency

Subgrant #:	12094MR
Budget Account #:	3170
Category #:	50
GL #:	8781, 8784

NOTICE OF SUBGRANT AWARD
TREATMENT SERVICES

Agency: Substance Abuse Prevention and Treatment Agency (SAPTA) DUNS: 02-158-8830	Subgrantee Name: New Frontier Treatment Center			
Address: 4126 Technology Way, 2 nd Floor Carson City, NV 89706	Address: 1490 Grimes Ave Fallon NV 89406			
Subgrant Period: November 1, 2011 - June 30, 2012	Subgrantee EIN#: 88-0124514 Subgrantee DUNS#: 60-981-4033 Subgrantee Vendor#: T10914301			
Reason for Award: To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.				
County(ies) to be served: Churchill				
Disbursement of funds will be as follows: Payment will be made upon review and approval of monthly utilization reports <i>specific to this subgrant</i> . Total reimbursement will not exceed \$49,990 during the subgrant period.				
Source of Funds:	Amount:	% of Funds:	CFDA#:	Federal Grant #:
1. State General Funds – Marijuana Registry – Adult	\$38,620	77%	---	---
2. State General Funds – Marijuana Registry – Adolescent	\$11,370	23%	---	---
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Authorized Subgrantee Official	Print Name, Title	Signature	Date	
Deborah McBride Agency Director				
Mental Health Developmental Services Administration				

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
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 - 1) Provide a copy of letters of engagement, audit reports and management letters within 10 days of receipt and acceptance by the organization's governing authority. This includes a copy of any corrective action resulting from discrepancies identified by the audit;
 - 2) Be a "smoke, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
 - 3) Have documentation verifying Nevada Repository and FBI background checks for all staff, volunteers, and consultants, if subgrantee serves minors;
 - 4) Adopt and maintain a system of internal controls consistent with Generally Accepted Accounting (GAAP) principles that results in the fiscal integrity and stability of the organization;
 - 5) Comply with all applicable rules, regulations, requirements, guidelines, and policies and procedures contained within:
 - a. 45 CFR Part 74,
 - b. OMB Circular A-133,
 - c. All applicable funding source requirements,
 - d. All other federal rules related to federal funding,
 - e. Chapter 458 of the Nevada Revised Statutes,
 - f. Chapter 458 of the Nevada Administrative Code,
 - g. Mental Health and Developmental Services policies and procedures,
 - h. Substance Abuse Prevention and Treatment Agency policies and procedures,
 - i. All applicable state regulations and policies, and
 - j. All terms listed within this award.
21. Certification must be current and fees paid prior to release of certificate in order to receive funding from the Division.
22. Failure to meet any condition listed within this subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION B**

Treatment Services Additional Assurances

Subgrantees providing **Treatment services** also agree to:

- 1) The Agency agrees to assist SAPTA and/or child welfare agencies with Interim Finance Committee (IFC) quarterly reports and submit them in a timely manner as requested addressing the performance indicators stated in the funding source information below.
- 2) Complete a substance abuse assessment or comprehensive evaluation in collaboration with the Child Welfare agency making the referral and in a manner acceptable to said Child Welfare agency. If the assessment is deemed unsatisfactory, reimbursement will not be paid until a satisfactory product is received by the child welfare agency. Integrated and comprehensive evaluations will be provided, as requested by the Child Welfare agency, to address both substance abuse and mental health needs. The Child Welfare agency can refer both adults and adolescents.
- 3) Allow individuals and families referred by the Child Welfare agency to receive appointments for assessments and admission to the appropriate levels of substance abuse services on a priority basis under this funding only.
- 4) Use evidence-based strategies to address women's experience of trauma (e.g. Seeking Safety, Helping Women Recover, Trauma Recovery, and Empowerment Model).
- 5) Offer early intervention services to provide access to participation in evidence-based programs and services to address the increased risk for intergenerational abuse and dependence on alcohol and other drugs.
- 6) Provide family counseling to strengthen family functioning and assist with reunification of families when the children have been in out-of-home placements.
- 7) Purchase levels of service identified as appropriate with this population, performance based, and a designed length of service to promote a successful outcome.
- 8) An established working relationship with public health, head start, local schools, and both juvenile and adult probation/parole is necessary.
- 9) The submitted program unit costs are all inclusive for the level of service(s); reimbursement is per unit delivered.
- 10) Staff providing the services must be qualified and trained in the delivery of evidence-based family services regarding substance related disorders.
- 11) Programs will maintain regular contact with the Child Welfare worker assigned to the family and participate in child and family team meetings as requested by the Child Welfare agency.
- 12) When working with special populations (women, adolescents, co-occurring, etc.) there must be specialized training acquired and/or planned to respond to the specific client treatment needs. Maintain documentation of training in a personnel folder.
- 13) Continue to provide and/or offer:
 - a. Evidence Based Practices (EBP) training to all appropriate clinical staff
 - b. Basic counseling skill building activities
 - c. Provide ongoing clinical supervision skills for interns to include evidence based related activities
- 14) Maintain a 40% treatment engagement rate for those individuals admitted to social detoxification services.
- 15) Each provider is responsible for accurately reporting data related to the National Outcome Measures. The information is contained within the Assessment, Admission, Treatment Plans, and Discharge documents. Quality Assurance activities must include the review of these documents by qualified professional staff. Subgrantee will accurately enter all required data into the Nevada Health Information Provider Performance System (NHIPPS) no later than the 10th of the following month in order to ensure the timely processing of reimbursements.

CONTACT INFORMATION

All questions or concerns should be directed to the subgrantees' assigned analyst. Contact information is as follows:

Carson City office:
4126 Technology Way, 2nd Floor
Carson City NV 89706
775-684-4190 phone
775-684-4185 fax

Las Vegas Office:
4220 S Maryland Pkwy, Bldg D, #806
Las Vegas NV 89119
702-486-8250 phone
702-486-8253 fax

FUNDING SOURCE INFORMATION:

The following descriptions briefly explain the various types of funding available from SAPTA. Please refer to the signature page of this document to see which description applies to the particular fund source awarded.

- A. Substance Abuse Prevention and Treatment Block Grant (SAPTBG): SAPTBG funds are federally awarded. According to SAPTBG, these funds are available to support all types of treatment and prevention for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- B. State General Funds (SGF): SGF funds are appropriated by the State Legislature. These funds are available to support all types of treatment for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- C. Marijuana Registry (MR): MR funds are appropriated through state mandated medical marijuana registry fees. These funds are available to provide alcohol and drug abuse programs to persons referred to the Division by agencies which provide child welfare services. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- D. State Liquor Tax (SLT): SLT funds are appropriated through state mandated liquor taxes. These funds are available to support all types of treatment for alcohol abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions", although some requirements for civil protective custody services may be waived. Subgrantees must clearly address the priority populations and services identified below:
 - i. Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.
 - ii. Priority will be given to:
 - a) Areas of the state where there is a shortage of personnel to conduct treatment for alcoholism and alcohol abuse.
 - b) Needs of counties to provide civil protective custody pursuant to NRS 458.270.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION C**

Description of services, scope of work, deliverables and reimbursement

New Frontier Treatment Center, hereinafter referred to as Subgrantee, agrees to adhere to the following:

Provide all services as identified in the scope of work (Attachment A). Additionally, the program will meet the performance indicators provided in Attachment B.

Conditions:

- 1) **RESTRICTIONS ON EXPENDITURE OF FUNDS:** Subgrantees will NOT expend SAPTA funds for any of the following purposes:
 - a. To provide in-patient hospital substance abuse services.
 - b. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - c. To make purchases, including equipment, over \$1,000.
 - d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
 - e. To provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. To make payments to intended recipients of health services.
 - g. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
 - h. To provide treatment services in penal or correctional institutions of the state.
 - i. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.
- 2) **ADMISSION PRIORITY:** Should the individual or family continue to need services after all awarded Marijuana Registry funds have been expended, the SAPT priority admissions will apply. Treatment admission prioritization must be applied and conducted in the following order:
 - a. Pregnant injection drug users
 - b. Pregnant substance abusers
 - c. Non-pregnant injection drug users
 - d. All others

Subgrantee agrees to adhere to the following Unit Cost Reimbursement:

Category of Service	Max Unit Cost
Comprehensive Evaluation Adults	120.00
Comprehensive Evaluation Adolescents	120.00
Substance Abuse Assessment Adults	90.00
Substance Abuse Assessment Adolescents	90.00
Outpatient Services – Individual Counseling (Level I) Adults	65.00
Outpatient Services -- Group Counseling (Level I) Adults	25.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00
Outpatient Services -- Group Counseling & (Level I) Adolescent	25.00
Intensive Outpatient Treatment (Level II.1) Adults	75.00
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00
Residential Treatment (Level III) Adults	100.00
Residential Treatment (Level III) Adolescents	100.00
Detoxification (Level III.2-D and III.7D) Adult	130.00
Detoxification (Level III.2-D and III.7D) Adolescent	80.00

REIMBURSEMENT shall be on the following basis:

1. Requests for advance of payment (including interim payments) will not be considered or allowed.
2. A monthly utilization report will be run by SAPTA staff on the 15th day of the following month to determine the reimbursement amount. The reimbursement rates for unit cost are shown in the table above. If data entered in NHIPPS by the subgrantee is determined to be inaccurate or incomplete, reimbursement(s) will be held until resolved.
3. SAPTA may withhold reimbursement if ANY terms of the subgrant are not met, including failure to meet the scope of work.

SAPTA agrees to:

1. Process reimbursements in a timely manner.
2. Provide technical assistance to ensure compliance with subgrant and to maintain program integrity.

Both parties agree: Program Compliance and Fiscal Monitors are a condition of receipt of SAPTA funding. Programs receiving SAPTA funding are required to participate in both the certification and the monitor processes. Failure to comply will result in disqualification of future funding and/or termination of current funding.

A monitor is regulatory in nature and the purpose of a SAPTA monitor is to accomplish the following:

- Verify that funds are being utilized as identified in grant award documents.
- Ensure that SAPTA funds programs in compliance with state and federal requirements and restrictions.
- Identify problems or difficulties at an early point in time.
- Coordinate the efficient delivery of services to Nevada's population.

This subgrant agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

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QUARTER 7

PIP 5.1.7

Quarterly Counseling and Consulting

**Nevada Department of Health and Human Services
Mental Health and Developmental Services
(hereinafter referred to as the DIVISION)
Substance Abuse Prevention and Treatment Agency**

Subgrant #:	12300MR
Budget Account #:	3170
Category #:	50
GL #:	8781

**NOTICE OF SUBGRANT AWARD
TREATMENT SERVICES**

Agency: Substance Abuse Prevention and Treatment Agency (SAPTA) DUNS: 02-158-8830	Subgrantee Name: Quest Counseling and Consulting			
Address: 4126 Technology Way, 2 nd Floor Carson City, NV 89706	Address: 3500 Lakeside Court, Ste 101 Reno NV 89509			
Subgrant Period: November 1, 2011 - June 30, 2012	Subgrantee EIN#: 71-0930980 Subgrantee DUNS#: 13-371-6287 Subgrantee Vendor#: T27013906			
Reason for Award: To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.				
County(ies) to be served: Washoe				
Disbursement of funds will be as follows: Payment will be made upon review and approval of monthly utilization reports <i>specific to this subgrant</i> . Total reimbursement will not exceed \$50,000 during the subgrant period.				
Source of Funds:	Amount:	% of Funds:	CFDA#:	Federal Grant #:
1. State General Funds – Marijuana Registry – Adult	\$50,000	100%	---	---
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A-C, and Attachments A-C of this subgrant award.				
Authorized Subgrantee Official	Print Name, Title	Signature	Date	
Deborah McBride Agency Director				
Mental Health Developmental Services Administration				

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Substance Abuse Prevention and Treatment Agency, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the subgrantee or must be refunded to the Division.
 2. Subgrantee acknowledges the continuation of this subgrant is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources.
 3. Subgrantee agrees to a unit cost reimbursement.
 4. Requests to revise the approved subgrant must be made *in writing* using the appropriate forms and provide sufficient narrative detail to determine justification.
 5. Any changes to the approved subgrant that will result in an amendment must be received 90 days prior to the end of the subgrant period (no later than March 30th) and completed 60 days prior to the end of the subgrant period (no later than April 30th). Change requests that will result in an amendment received after the 90 day deadline will be denied.
 6. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until notified in writing of resolution of any audit questions relating to individual subgrants.
- Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.
7. Subgrantee agrees to disclose any existing or potential conflicts of interest, as outlined in the SAPTA Conflict of Interest Policy Statement, relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
 8. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, gender, religion, age, sexual preference, disability or handicap condition (including AIDS and AIDS-related conditions).
 9. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
 10. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Division, as required by 45 C.F.R. 164.504 (e).

11. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
12. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member; or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.
13. Division subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically;
 - d. determine reliability of financial aspects of the conduct of the project; and
 - e. chapter 218 of the NRS states that the Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218.850, shall conduct a special audit of an entity which is not an agency of this State but which receives an appropriation of public money during any fiscal year. The subgrantee agrees to make available to the Legislative Auditor of the State of Nevada all books, accounts, claims, reports, vouchers or other records of information that the Legislative Auditor determines to be necessary to conduct an audit pursuant to NRS 218.
14. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A copy of the final signed audit report must be sent to the Substance Abuse Prevention and Treatment Agency, Attn: Grants and Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV 89706, within nine (9) months of the close of the Subgrantee's fiscal year.

Division policy requires that for subgrantees not required to have an audit under OMB A-133, a Limited Scope Audit on Agreed Upon Procedures must be conducted by an independent, licensed Certified Public Accountant, using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards. A copy of the limited scope report must be sent to the Substance Abuse Prevention & Treatment Agency, Attn: Grants & Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV, 89706, within nine (9) months of the close of the Subgrantee's fiscal year.

15. Subgrantee shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. Subgrantee shall provide proof of worker's compensation insurance as required by Nevada Revised Statutes Chapters 616A through 616D inclusive. Commercial general liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent contractors, completed operations, personal injury, products, civil lawsuits, Title VII actions and liability assumed under an insured contract (including the tort liability of another assumed in a business contract). The Substance Abuse Prevention and Treatment Agency shall be named as the Certificate Holder on the Certificate of Liability Insurance.

16. State licensure/certification from the state Health Division, Bureau of Health Care Quality and Compliance: Programs funded by SAPTA are required to be in compliance with all state licensure and/or certification requirements. Currently the Bureau of Health Care Quality and Compliance (HCQC) has authority in regards to residential substance abuse services including social model and modified medical detoxification, opioid maintenance therapy, and medical laboratories. Programs are responsible for compliance with HCQC's requirements. SAPTA will confirm all information provided by subgrantees with HCQC staff. A copy of the current license should be submitted to SAPTA.
17. Subgrantee will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement.
18. Subgrantees will report within 24 hours the occurrence of an incident, following SAPTA policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program. [NAC 458.153 3(e)].
19. Subgrantees shall adhere to the requirements of the Federal Funding Accountability and Transparency Act, including an active Dun and Bradstreet Universal Number System (DUNS) number and current registration with the Central Contractor Registry (CCR).
20. Subgrantee will:
 - 1) Provide a copy of letters of engagement, audit reports and management letters within 10 days of receipt and acceptance by the organization's governing authority. This includes a copy of any corrective action resulting from discrepancies identified by the audit;
 - 2) Be a "smoke, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
 - 3) Have documentation verifying Nevada Repository and FBI background checks for all staff, volunteers, and consultants, if subgrantee serves minors;
 - 4) Adopt and maintain a system of internal controls consistent with Generally Accepted Accounting (GAAP) principles that results in the fiscal integrity and stability of the organization;
 - 5) Comply with all applicable rules, regulations, requirements, guidelines, and policies and procedures contained within:
 - a. 45 CFR Part 74,
 - b. OMB Circular A-133,
 - c. All applicable funding source requirements,
 - d. All other federal rules related to federal funding,
 - e. Chapter 458 of the Nevada Revised Statutes,
 - f. Chapter 458 of the Nevada Administrative Code,
 - g. Mental Health and Developmental Services policies and procedures,
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 - j. All terms listed within this award.
21. Certification must be current and fees paid prior to release of certificate in order to receive funding from the Division.
22. Failure to meet any condition listed within this subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION B**

Treatment Services Additional Assurances

Subgrantees providing **Treatment services** also agree to:

- 1) The Agency agrees to assist SAPTA and/or child welfare agencies with Interim Finance Committee (IFC) quarterly reports and submit them in a timely manner as requested addressing the performance indicators stated in the funding source information below.
- 2) Complete a substance abuse assessment or comprehensive evaluation in collaboration with the Child Welfare agency making the referral and in a manner acceptable to said Child Welfare agency. If the assessment is deemed unsatisfactory, reimbursement will not be paid until a satisfactory product is received by the child welfare agency. Integrated and comprehensive evaluations will be provided, as requested by the Child Welfare agency, to address both substance abuse and mental health needs. The Child Welfare agency can refer both adults and adolescents.
- 3) Allow individuals and families referred by the Child Welfare agency to receive appointments for assessments and admission to the appropriate levels of substance abuse services on a priority basis under this funding only.
- 4) Use evidence-based strategies to address women's experience of trauma (e.g. Seeking Safety, Helping Women Recover, Trauma Recovery, and Empowerment Model).
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- 6) Provide family counseling to strengthen family functioning and assist with reunification of families when the children have been in out-of-home placements.
- 7) Purchase levels of service identified as appropriate with this population, performance based, and a designed length of service to promote a successful outcome.
- 8) An established working relationship with public health, head start, local schools, and both juvenile and adult probation/parole is necessary.
- 9) The submitted program unit costs are all inclusive for the level of service(s); reimbursement is per unit delivered.
- 10) Staff providing the services must be qualified and trained in the delivery of evidence-based family services regarding substance related disorders.
- 11) Programs will maintain regular contact with the Child Welfare worker assigned to the family and participate in child and family team meetings as requested by the Child Welfare agency.
- 12) When working with special populations (women, adolescents, co-occurring, etc.) there must be specialized training acquired and/or planned to respond to the specific client treatment needs. Maintain documentation of training in a personnel folder.
- 13) Continue to provide and/or offer:
 - a. Evidence Based Practices (EBP) training to all appropriate clinical staff
 - b. Basic counseling skill building activities
 - c. Provide ongoing clinical supervision skills for interns to include evidence based related activities
- 14) Maintain a 40% treatment engagement rate for those individuals admitted to social detoxification services.
- 15) Each provider is responsible for accurately reporting data related to the National Outcome Measures. The information is contained within the Assessment, Admission, Treatment Plans, and Discharge documents. Quality Assurance activities must include the review of these documents by qualified professional staff. Subgrantee will accurately enter all required data into the Nevada Health Information Provider Performance System (NHIPPS) no later than the 10th of the following month in order to ensure the timely processing of reimbursements.

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Carson City NV 89706
775-684-4190 phone
775-684-4185 fax

Las Vegas Office:

4220 S Maryland Pkwy, Bldg D, #806
Las Vegas NV 89119
702-486-8250 phone
702-486-8253 fax

FUNDING SOURCE INFORMATION:

The following descriptions briefly explain the various types of funding available from SAPTA. Please refer to the signature page of this document to see which description applies to the particular fund source awarded.

- A. Substance Abuse Prevention and Treatment Block Grant (SAPTBG): SAPTBG funds are federally awarded. According to SAPTBG, these funds are available to support all types of treatment and prevention for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- B. State General Funds (SGF): SGF funds are appropriated by the State Legislature. These funds are available to support all types of treatment for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- C. Marijuana Registry (MR): MR funds are appropriated through state mandated medical marijuana registry fees. These funds are available to provide alcohol and drug abuse programs to persons referred to the Division by agencies which provide child welfare services. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- D. State Liquor Tax (SLT): SLT funds are appropriated through state mandated liquor taxes. These funds are available to support all types of treatment for alcohol abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions", although some requirements for civil protective custody services may be waived. Subgrantees must clearly address the priority populations and services identified below:
 - i. Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.
 - ii. Priority will be given to:
 - a) Areas of the state where there is a shortage of personnel to conduct treatment for alcoholism and alcohol abuse.
 - b) Needs of counties to provide civil protective custody pursuant to NRS 458.270.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION C**

Description of services, scope of work, deliverables and reimbursement

Quest Counseling and Consulting, hereinafter referred to as Subgrantee, agrees to adhere to the following:

Provide all services as identified in the scope of work (Attachment A). Additionally, the program will meet the performance indicators provided in Attachment B.

Conditions:

- 1) **RESTRICTIONS ON EXPENDITURE OF FUNDS:** Subgrantees will NOT expend SAPTA funds for any of the following purposes:
 - a. To provide in-patient hospital substance abuse services.
 - b. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - c. To make purchases, including equipment, over \$1,000.
 - d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
 - e. To provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. To make payments to intended recipients of health services.
 - g. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
 - h. To provide treatment services in penal or correctional institutions of the state.
 - i. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.
- 2) **ADMISSION PRIORITY:** Should the individual or family continue to need services after all awarded Marijuana Registry funds have been expended, the SAPT priority admissions will apply. Treatment admission prioritization must be applied and conducted in the following order:
 - a. Pregnant injection drug users
 - b. Pregnant substance abusers
 - c. Non-pregnant injection drug users
 - d. All others

Subgrantee agrees to adhere to the following Unit Cost Reimbursement:

Category of Service	Max Unit Cost
Comprehensive Evaluation Adults	120.00
Comprehensive Evaluation Adolescents	120.00
Substance Abuse Assessment Adults	90.00
Substance Abuse Assessment Adolescents	90.00
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Outpatient Services – Individual Counseling (Level I) Adolescents	65.00
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Intensive Outpatient Treatment (Level II.1) Adolescents	60.00
Residential Treatment (Level III) Adults	100.00
Residential Treatment (Level III) Adolescents	100.00
Detoxification (Level III.2-D and III.7D) Adult	130.00
Detoxification (Level III.2-D and III.7D) Adolescent	80.00

REIMBURSEMENT shall be on the following basis:

1. Requests for advance of payment (including interim payments) will not be considered or allowed.
2. A monthly utilization report will be run by SAPTA staff on the 15th day of the following month to determine the reimbursement amount. The reimbursement rates for unit cost are shown in the table above. If data entered in NHIPPS by the subgrantee is determined to be inaccurate or incomplete, reimbursement(s) will be held until resolved.
3. SAPTA may withhold reimbursement if ANY terms of the subgrant are not met, including failure to meet the scope of work.

SAPTA agrees to:

1. Process reimbursements in a timely manner.
2. Provide technical assistance to ensure compliance with subgrant and to maintain program integrity.

Both parties agree: Program Compliance and Fiscal Monitors are a condition of receipt of SAPTA funding. Programs receiving SAPTA funding are required to participate in both the certification and the monitor processes. Failure to comply will result in disqualification of future funding and/or termination of current funding.

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- Identify problems or difficulties at an early point in time.
- Coordinate the efficient delivery of services to Nevada's population.

This subgrant agreement may be **TERMINATED** by either party prior to the date set forth on the Notice of Subgrant Award, provided the termination shall not be effective until 30 days after a party has served written notice upon the other party. This agreement may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Agreement shall be terminated immediately if for any reason the Division, state, and/or federal funding ability to satisfy this Agreement is withdrawn, limited, or impaired.

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QUARTER 7

PIP 5.1.7

WestCare

**Nevada Department of Health and Human Services
Mental Health and Developmental Services
(hereinafter referred to as the DIVISION)
Substance Abuse Prevention and Treatment Agency**

Subgrant #:	12088MR
Budget Account #:	3170
Category #:	50
GL #:	8781

**NOTICE OF SUBGRANT AWARD
TREATMENT SERVICES**

Agency: Substance Abuse Prevention and Treatment Agency (SAPTA) DUNS: 02-158-8830	Subgrantee Name: WestCare Nevada			
Address: 4126 Technology Way, 2 nd Floor Carson City, NV 89706	Address: PO Box 94738 Las Vegas NV 89193-4738			
Subgrant Period: November 1, 2011 - June 30, 2012	Subgrantee EIN#: 94-2778981 Subgrantee DUNS#: 60-603-3074 Subgrantee Vendor#: T80928668A			
Reason for Award: To fund accessible and affordable substance abuse treatment services as defined by the provider's scope of work agreement.				
County(ies) to be served: Clark, Nye				
Disbursement of funds will be as follows: Payment will be made upon review and approval of monthly utilization reports <i>specific to this subgrant</i> . Total reimbursement will not exceed \$248,425 during the subgrant period.				
Source of Funds:	Amount:	% of Funds:	CFDA#:	Federal Grant #:
1. State General Funds -- Marijuana Registry -- Adult	\$248,425	100%	---	---
Terms and Conditions In accepting these grant funds, it is understood that: 1. Expenditures must comply with appropriate state and/or federal regulations. 2. This award is subject to the availability of appropriate funds. 3. Recipient of these funds agrees to stipulations listed in Sections A-C, and Attachments A-C of this subgrant award.				
Authorized Subgrantee Official	Print Name, Title	Signature	Date	
Deborah McBride Agency Director				
Mental Health Developmental Services Administration				

DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION A
Assurances

As a condition of receiving subgranted funds from the Substance Abuse Prevention and Treatment Agency, the Subgrantee agrees to the following conditions:

1. Subgrantee agrees grant funds may not be used for other than the awarded purpose. In the event Subgrantee expenditures do not comply with this condition, that portion not in compliance will not be reimbursed to the subgrantee or must be refunded to the Division.
2. Subgrantee acknowledges the continuation of this subgrant is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources.
3. Subgrantee agrees to a unit cost reimbursement.
4. Requests to revise the approved subgrant must be made *in writing* using the appropriate forms and provide sufficient narrative detail to determine justification.
5. Any changes to the approved subgrant that will result in an amendment must be received 90 days prior to the end of the subgrant period (no later than March 30th) and completed 60 days prior to the end of the subgrant period (no later than April 30th). Change requests that will result in an amendment received after the 90 day deadline will be denied.
6. Recipients of subgrants are required to maintain subgrant accounting records, identifiable by subgrant number. Such records shall be maintained in accordance with the following:
 - a. Records may be destroyed by the subgrantee five (5) calendar years after the final financial and narrative reports have been submitted to the Division.
 - b. In all cases an overriding requirement exists to retain records until notified in writing of resolution of any audit questions relating to individual subgrants.

Subgrant accounting records are considered to be all records relating to the expenditure and reimbursement of funds awarded under this Subgrant Award. Records required for retention include all accounting records and related original and supporting documents that substantiate costs charged to the subgrant activity.

7. Subgrantee agrees to disclose any existing or potential conflicts of interest, as outlined in the SAPTA Conflict of Interest Policy Statement, relative to the performance of services resulting from this subgrant award. The Division reserves the right to disqualify any grantee on the grounds of actual or apparent conflict of interest. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of funding.
8. Subgrantee agrees to comply with the requirements of the Civil Rights Act of 1964, as amended, and the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, gender, religion, age, sexual preference, disability or handicap condition (including AIDS and AIDS-related conditions).
9. Subgrantee agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.
10. Subgrantee agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. 160, 162 and 164, as amended. If the subgrant award includes functions or activities that involve the use or disclosure of Protected Health Information, the Subgrantee agrees to enter into a Business Associate Agreement with the Division, as required by 45 C.F.R 164.504 (e).

11. Subgrantee certifies, by signing this subgrant, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt. 67 § 67.510, as published as pt. VII of May 26, 1988, Federal Register (pp.19150-19211). This provision shall be required of every subgrantee receiving any payment in whole or in part from federal funds.
12. Subgrantee agrees, whether expressly prohibited by federal, state, or local law, or otherwise, that no funding associated with this subgrant will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:
 - a. any federal, state, county or local agency, legislature, commission, counsel, or board;
 - b. any federal, state, county or local legislator, commission member, council member, board member, or other elected official; or
 - c. any officer or employee of any federal, state, county or local agency, legislature, commission, counsel, or board.
13. Division subgrants are subject to inspection and audit by representatives of the Division, Nevada Department of Health and Human Services, the State Department of Administration, the Audit Division of the Legislative Counsel Bureau or other appropriate state or federal agencies to:
 - a. verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations and procedures;
 - b. ascertain whether policies, plans and procedures are being followed;
 - c. provide management with objective and systematic appraisals of financial and administrative controls, including information as to whether operations are carried out effectively, efficiently and economically;
 - d. determine reliability of financial aspects of the conduct of the project; and
 - e. chapter 218 of the NRS states that the Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218.850, shall conduct a special audit of an entity which is not an agency of this State but which receives an appropriation of public money during any fiscal year. The subgrantee agrees to make available to the Legislative Auditor of the State of Nevada all books, accounts, claims, reports, vouchers or other records of information that the Legislative Auditor determines to be necessary to conduct an audit pursuant to NRS 218.
14. Any audit of Subgrantee's expenditures will be performed in accordance with Generally Accepted Government Auditing Standards to determine there is proper accounting for and use of subgrant funds. It is the policy of the Division (as well as a federal requirement as specified in the Office of Management and Budget (OMB) Circular A-133) that each grantee annually expending \$500,000 or more in federal funds have an annual audit prepared by an independent auditor in accordance with the terms and requirements of the appropriate circular. A copy of the final signed audit report must be sent to the Substance Abuse Prevention and Treatment Agency, Attn: Grants and Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV 89706, within nine (9) months of the close of the Subgrantee's fiscal year.

Division policy requires that for subgrantees not required to have an audit under OMB A-133, a Limited Scope Audit on Agreed Upon Procedures must be conducted by an independent, licensed Certified Public Accountant, using American Institute of Certified Public Accountants (AICPA) generally accepted auditing standards (GAAS) or attestation standards. A copy of the limited scope report must be sent to the Substance Abuse Prevention & Treatment Agency, Attn: Grants & Projects Analyst, 4126 Technology Way, 2nd Floor, Carson City, NV, 89706, within nine (9) months of the close of the Subgrantee's fiscal year.

15. Subgrantee shall provide the State with renewal or replacement evidence of insurance no less than thirty (30) days before the expiration or replacement of the required insurance. Subgrantee shall provide proof of worker's compensation insurance as required by Nevada Revised Statutes Chapters 616A through 616D inclusive. Commercial general liability insurance shall be on an occurrence basis and shall be at least as broad as ISO 1996 form CG 00 01 (or a substitute form providing equivalent coverage); and shall cover liability arising from premises, operations, independent contractors, completed operations, personal injury, products, civil lawsuits, Title VII actions and liability assumed under an insured contract (including the tort liability of another assumed in a business contract). The Substance Abuse Prevention and Treatment Agency shall be named as the Certificate Holder on the Certificate of Liability Insurance.

16. State licensure/certification from the state Health Division, Bureau of Health Care Quality and Compliance: Programs funded by SAPTA are required to be in compliance with all state licensure and/or certification requirements. Currently the Bureau of Health Care Quality and Compliance (HCQC) has authority in regards to residential substance abuse services including social model and modified medical detoxification, opioid maintenance therapy, and medical laboratories. Programs are responsible for compliance with HCQC's requirements. SAPTA will confirm all information provided by subgrantees with HCQC staff. A copy of the current license should be submitted to SAPTA.
17. Subgrantee will identify the source of funding on all printed and electronic documents purchased or produced within the scope of this subgrant, using the current Division approved attribution statement.
18. Subgrantees will report within 24 hours the occurrence of an incident, following SAPTA policy, which may cause imminent danger to the health or safety of the clients, participants, staff of the program, or a visitor to the program. [NAC 458.153 3(e)].
19. Subgrantees shall adhere to the requirements of the Federal Funding Accountability and Transparency Act, including an active Dun and Bradstreet Universal Number System (DUNS) number and current registration with the Central Contractor Registry (CCR).
20. Subgrantee will:
 - 1) Provide a copy of letters of engagement, audit reports and management letters within 10 days of receipt and acceptance by the organization's governing authority. This includes a copy of any corrective action resulting from discrepancies identified by the audit;
 - 2) Be a "smoke, alcohol, and other drug free" environment in which the use of tobacco products, alcohol, and illegal drugs will not be allowed;
 - 3) Have documentation verifying Nevada Repository and FBI background checks for all staff, volunteers, and consultants, if subgrantee serves minors;
 - 4) Adopt and maintain a system of internal controls consistent with Generally Accepted Accounting (GAAP) principles that results in the fiscal integrity and stability of the organization;
 - 5) Comply with all applicable rules, regulations, requirements, guidelines, and policies and procedures contained within:
 - a. 45 CFR Part 74,
 - b. OMB Circular A-133,
 - c. All applicable funding source requirements,
 - d. All other federal rules related to federal funding,
 - e. Chapter 458 of the Nevada Revised Statutes,
 - f. Chapter 458 of the Nevada Administrative Code,
 - g. Mental Health and Developmental Services policies and procedures,
 - h. Substance Abuse Prevention and Treatment Agency policies and procedures,
 - i. All applicable state regulations and policies, and
 - j. All terms listed within this award.
21. Certification must be current and fees paid prior to release of certificate in order to receive funding from the Division.
22. Failure to meet any condition listed within this subgrant award may result in withholding reimbursement payments, disqualification of future funding, and/or termination of current funding.

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**DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION B**

Treatment Services Additional Assurances

Subgrantees providing **Treatment services** also agree to:

- 1) The Agency agrees to assist SAPTA and/or child welfare agencies with Interim Finance Committee (IFC) quarterly reports and submit them in a timely manner as requested addressing the performance indicators stated in the funding source information below.
- 2) Complete a substance abuse assessment or comprehensive evaluation in collaboration with the Child Welfare agency making the referral and in a manner acceptable to said Child Welfare agency. If the assessment is deemed unsatisfactory, reimbursement will not be paid until a satisfactory product is received by the child welfare agency. Integrated and comprehensive evaluations will be provided, as requested by the Child Welfare agency, to address both substance abuse and mental health needs. The Child Welfare agency can refer both adults and adolescents.
- 3) Allow individuals and families referred by the Child Welfare agency to receive appointments for assessments and admission to the appropriate levels of substance abuse services on a priority basis under this funding only.
- 4) Use evidence-based strategies to address women's experience of trauma (e.g. Seeking Safety, Helping Women Recover, Trauma Recovery, and Empowerment Model).
- 5) Offer early intervention services to provide access to participation in evidence-based programs and services to address the increased risk for intergenerational abuse and dependence on alcohol and other drugs.
- 6) Provide family counseling to strengthen family functioning and assist with reunification of families when the children have been in out-of-home placements.
- 7) Purchase levels of service identified as appropriate with this population, performance based, and a designed length of service to promote a successful outcome.
- 8) An established working relationship with public health, head start, local schools, and both juvenile and adult probation/parole is necessary.
- 9) The submitted program unit costs are all inclusive for the level of service(s); reimbursement is per unit delivered.
- 10) Staff providing the services must be qualified and trained in the delivery of evidence-based family services regarding substance related disorders.
- 11) Programs will maintain regular contact with the Child Welfare worker assigned to the family and participate in child and family team meetings as requested by the Child Welfare agency.
- 12) When working with special populations (women, adolescents, co-occurring, etc.) there must be specialized training acquired and/or planned to respond to the specific client treatment needs. Maintain documentation of training in a personnel folder.
- 13) Continue to provide and/or offer:
 - a. Evidence Based Practices (EBP) training to all appropriate clinical staff
 - b. Basic counseling skill building activities
 - c. Provide ongoing clinical supervision skills for interns to include evidence based related activities
- 14) Maintain a 40% treatment engagement rate for those individuals admitted to social detoxification services.
- 15) Each provider is responsible for accurately reporting data related to the National Outcome Measures. The information is contained within the Assessment, Admission, Treatment Plans, and Discharge documents. Quality Assurance activities must include the review of these documents by qualified professional staff. Subgrantee will accurately enter all required data into the Nevada Health Information Provider Performance System (NHIPPS) no later than the 10th of the following month in order to ensure the timely processing of reimbursements.

CONTACT INFORMATION

All questions or concerns should be directed to the subgrantees' assigned analyst. Contact information is as follows:

Carson City office:

4126 Technology Way, 2nd Floor
Carson City NV 89706
775-684-4190 phone
775-684-4185 fax

Las Vegas Office:

4220 S Maryland Pkwy, Bldg D, #806
Las Vegas NV 89119
702-486-8250 phone
702-486-8253 fax

FUNDING SOURCE INFORMATION:

The following descriptions briefly explain the various types of funding available from SAPTA. Please refer to the signature page of this document to see which description applies to the particular fund source awarded.

- A. Substance Abuse Prevention and Treatment Block Grant (SAPTBG): SAPTBG funds are federally awarded. According to SAPTBG, these funds are available to support all types of treatment and prevention for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- B. State General Funds (SGF): SGF funds are appropriated by the State Legislature. These funds are available to support all types of treatment for both alcohol and other drug abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- C. Marijuana Registry (MR): MR funds are appropriated through state mandated medical marijuana registry fees. These funds are available to provide alcohol and drug abuse programs to persons referred to the Division by agencies which provide child welfare services. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions."
- D. State Liquor Tax (SLT): SLT funds are appropriated through state mandated liquor taxes. These funds are available to support all types of treatment for alcohol abuse. To ensure uniform provision of services, SAPTA requires subgrantees to meet conditions identified in the RFA as "Base Funding Requirements/Restrictions", although some requirements for civil protective custody services may be waived. Subgrantees must clearly address the priority populations and services identified below:
 - i. Funds must be used to provide services for alcohol abuse and for the detoxification and rehabilitation of abusers.
 - ii. Priority will be given to:
 - a) Areas of the state where there is a shortage of personnel to conduct treatment for alcoholism and alcohol abuse.
 - b) Needs of counties to provide civil protective custody pursuant to NRS 458.270.

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DIVISION OF MENTAL HEALTH AND DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
NOTICE OF SUBGRANT AWARD
SECTION C

Description of services, scope of work, deliverables and reimbursement

WestCare Nevada, hereinafter referred to as Subgrantee, agrees to adhere to the following:

Provide all services as identified in the scope of work (Attachment A). Additionally, the program will meet the performance indicators provided in Attachment B.

Conditions:

- 1) **RESTRICTIONS ON EXPENDITURE OF FUNDS:** Subgrantees will NOT expend SAPTA funds for any of the following purposes:
 - a. To provide in-patient hospital substance abuse services.
 - b. To purchase or improve land: purchase, construct, or permanently improve, other than minor remodeling, any building or other facility; or purchase major medical equipment.
 - c. To make purchases, including equipment, over \$1,000.
 - d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
 - e. To provide financial assistance to any entity other than a public or nonprofit private entity.
 - f. To make payments to intended recipients of health services.
 - g. To provide individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
 - h. To provide treatment services in penal or correctional institutions of the state.
 - i. All funds must be used to treat clients with a diagnosis of alcoholism or drug addiction or alcohol and/or drug abuse.
- 2) **ADMISSION PRIORITY:** Should the individual or family continue to need services after all awarded Marijuana Registry funds have been expended, the SAPT priority admissions will apply. Treatment admission prioritization must be applied and conducted in the following order:
 - a. Pregnant injection drug users
 - b. Pregnant substance abusers
 - c. Non-pregnant injection drug users
 - d. All others

Subgrantee agrees to adhere to the following Unit Cost Reimbursement:

Category of Service	Max Unit Cost
Comprehensive Evaluation Adults	120.00
Comprehensive Evaluation Adolescents	120.00
Substance Abuse Assessment Adults	90.00
Substance Abuse Assessment Adolescents	90.00
Outpatient Services – Individual Counseling (Level I) Adults	65.00
Outpatient Services – Group Counseling (Level I) Adults	25.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00
Intensive Outpatient Treatment (Level II.1) Adults	75.00
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00
Residential Treatment (Level III) Adults	100.00
Residential Treatment (Level III) Adolescents	100.00
Detoxification (Level III.2-D and III.7D) Adult	130.00
Detoxification (Level III.2-D and III.7D) Adolescent	80.00

REIMBURSEMENT shall be on the following basis:

1. Requests for advance of payment (including interim payments) will not be considered or allowed.
2. A monthly utilization report will be run by SAPTA staff on the 15th day of the following month to determine the reimbursement amount. The reimbursement rates for unit cost are shown in the table above. If data entered in NHIPPS by the subgrantee is determined to be inaccurate or incomplete, reimbursement(s) will be held until resolved.
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QUARTER 7

PIP 5.1.7

Service Information

SUMMARY

CATEGORY OF SERVICE	Unit Cost	Approved SOW	Approved Budget	November 2011		December 2011		January 2012		February 2012		March 2012		April 2012		May 2012		June 2012		Running Total	Available Balance
				Units	Payment	Units	Payment	Units	Payment	Units	Payment	Units	Payment	Units	Payment	Units	Payment	Units	Payment		
Comprehensive Evaluation Adults	120.00	6	720.00	0	-	0	-	1	120.00	0	-	1	120.00	1	120.00	0	-	0	-	360.00	360.00
Comprehensive Evaluation Adolescents	120.00	6	720.00	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.00	720.00
Substance Abuse Assessment Adults	90.00	214	19,260.00	10	900.00	30	2,700.00	32	2,880.00	43	3,870.00	29	2,610.00	37	3,330.00	0	-	0	-	16,290.00	2,970.00
Substance Abuse Assessment Adolescents	90.00	10	900.00	0	-	0	-	0	-	0	-	0	-	1	90.00	0	-	0	-	90.00	810.00
OP Services – Individual Counseling (Level I) Adults	65.00	3,241	210,665.00	29	1,885.00	31	2,015.00	76	4,940.00	151	9,815.00	156	10,140.00	187	12,155.00	0	-	0	-	40,950.00	169,715.00
OP Services – Individual Counseling (Level I) Adolescents	25.00	6,919	172,975.00	83	2,075.00	200	5,000.00	352	8,800.00	470	11,750.00	560	14,000.00	580	14,500.00	0	-	0	-	56,125.00	116,850.00
OP Services – Group Counseling & (Level I) Adolescent	65.00	150	9,750.00	0	-	0	-	0	-	0	-	0	-	3	195.00	0	-	0	-	195.00	9,555.00
OP Services – Group Counseling (Level I) Adults	25.00	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.00	-
Intensive OP Treatment (Level II.1) Adults	75.00	360	27,000.00	0	-	4	300.00	14	1,050.00	36	2,700.00	50	3,750.00	55	4,125.00	0	-	0	-	11,925.00	15,075.00
Intensive OP Treatment (Level II.1) Adolescents	60.00	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.00	-
Residential Treatment (Level III) Adults	100.00	2,080	208,000.00	42	4,200.00	121	12,100.00	143	14,300.00	232	23,200.00	168	16,800.00	191	19,100.00	0	-	0	-	89,700.00	118,300.00
Residential Treatment (Level III) Adolescents	100.00	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.00	-
Detoxification (Level III.2-D and III.7D) Adult	130.00	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.00	-
Detoxification (Level III.2-D and III.7D) Adolescent	80.00	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0.00	-
12,986 649,990.00				Total:	9,060.00	Total:	22,115.00	Total:	32,090.00	Total:	51,335.00	Total:	47,420.00	Total:	53,615.00	Total:	-	Total:	-	215,635.00	434,355.00
Unduplicated Clients:				-		67		105		212		262		340						Average	986

SAPTA Max Treatment Cost per Unit Rates
Marijuana Registry SFY 2012

CATEGORY OF SERVICE	Max Unit Cost	Approved SOW Units
Comprehensive Evaluation Adults	120.00	6
Comprehensive Evaluation Adolescents	120.00	6
Substance Abuse Assessment Adults	90.00	214
Substance Abuse Assessment Adolescents	90.00	10
Outpatient Services – Individual Counseling (Level I) Adults	65.00	3,241
Outpatient Services – Group Counseling (Level I) Adults	25.00	6,919
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00	150
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00	-
Intensive Outpatient Treatment (Level II.1) Adults	75.00	360
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00	-
Residential Treatment (Level III) Adults	100.00	2,080
Residential Treatment (Level III) Adolescents	100.00	-
Detoxification (Level III.2-D and III.7D) Adult	130.00	-
Detoxification (Level III.2-D and III.7D) Adolescent	80.00	-

Bridge Counseling

CATEGORY OF SERVICE	Max Unit Cost	Approved SOW	Approved Budget	April 2012		May 2012		June 2012		Running Total	Available Balance
				Units Served	Reimbursable Rate	Units Served	Reimbursable Rate	Units Served	Reimbursable Rate		
Comprehensive Evaluation Adults	120.00										
Comprehensive Evaluation Adolescents	120.00										
Substance Abuse Assessment Adults	90.00	99	8,910.00	26	-		-		-	8,910.00	0.00
Substance Abuse Assessment Adolescents	90.00										
Outpatient Services -- Individual Counseling (Level I) Adults	65.00	937	60,905.00	44	2,860.00		-		-	14,105.00	46,800.00
Outpatient Services -- Group Counseling (Level I) Adults	25.00	2,804	70,100.00	401	10,025.00		-		-	42,925.00	27,175.00
Outpatient Services -- Individual Counseling (Level I) Adolescents	65.00										
Outpatient Services -- Group Counseling & (Level I) Adolescent	25.00										
Intensive Outpatient Treatment (Level II.I) Adults	75.00										
Intensive Outpatient Treatment (Level II.I) Adolescents	60.00										
Residential Treatment (Level III) Adults	100.00										
Residential Treatment (Level III) Adolescents	100.00										
Detoxification (Level III.2-D and III.7D) Adult	130.00										
Detoxification (Level III.2-D and III.7D) Adolescent	80.00										
		3,840	\$ 139,915	Total:	12,885.00	Total:	-	Total:	-	65,940.00	73,975.00

Bristlecone Family Resources

CATEGORY OF SERVICE	Max Unit Cost	Approved SOW	Approved Budget	April 2012		May 2012		June 2012		Running Total	Available Balance
				Units Served	Reimbursable Rate	Units Served	Reimbursable Rate	Units Served	Reimbursable Rate		
Comprehensive Evaluation Adults	120.00										
Comprehensive Evaluation Adolescents	120.00										
Substance Abuse Assessment Adults	90.00										
Substance Abuse Assessment Adolescents	90.00										
Outpatient Services – Individual Counseling (Level I) Adults	65.00	538	34,970.00	37	2,405.00		-		-	7,865.00	27,105.00
Outpatient Services – Group Counseling (Level I) Adults	25.00	841	21,025.00	19	475.00		-		-	1,250.00	19,775.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00										
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00										
Intensive Outpatient Treatment (Level II.1) Adults	75.00										
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00										
Residential Treatment (Level III) Adults	100.00	180	18,000.00	45	4,500.00		-		-	10,700.00	7,300.00
Residential Treatment (Level III) Adolescents	100.00										
Detoxification (Level III.2-D and III.7D) Adult	130.00										
Detoxification (Level III.2-D and III.7D) Adolescent	80.00										
		1,559	\$ 73,995	Total:	7,380.00	Total:	-	Total:	-	19,815.00	54,180.00

Community Counseling Center - Las Vegas

				April 2012		Running Total	Available Balance
CATEGORY OF SERVICE	Max Unit Cost	Approved SOW	Approved Budget	Units Served	Reimbursable Rate		
Comprehensive Evaluation Adults	120.00						
Comprehensive Evaluation Adolescents	120.00						
Substance Abuse Assessment Adults	90.00						
Substance Abuse Assessment Adolescents	90.00						
Outpatient Services – Individual Counseling (Level I) Adults	65.00	308	20,020.00	51	3,315.00	10,855.00	9,165.00
Outpatient Services – Group Counseling (Level I) Adults	25.00	1,065	26,625.00	119	2,975.00	7,900.00	18,725.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00						
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00						
Intensive Outpatient Treatment (Level II.1) Adults	75.00						
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00						
Residential Treatment (Level III) Adults	100.00						
Residential Treatment (Level III) Adolescents	100.00						
Detoxification (Level III.2-D and III.7D) Adult	130.00						
Detoxification (Level III.2-D and III.7D) Adolescent	80.00						
		1,373	\$ 46,645	Total:	6,290.00	18,755.00	27,890.00

Family Counseling Service

CATEGORY OF SERVICE	Max Unit Cost	Approved SOW	Approved Budget	April 2012		May 2012		June 2012		Running Total	Available Balance
				Units Served	Reimbursable Rate	Units Served	Reimbursable Rate	Units Served	Reimbursable Rate		
Comprehensive Evaluation Adults	120.00										
Comprehensive Evaluation Adolescents	120.00										
Substance Abuse Assessment Adults	90.00										
Substance Abuse Assessment Adolescents	90.00										
Outpatient Services – Individual Counseling (Level I) Adults	65.00	308	20,020.00	18	1,170.00		-		-	3,575.00	16,445.00
Outpatient Services – Group Counseling (Level I) Adults	25.00	840	21,000.00	11	275.00		-		-	950.00	20,050.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00										
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00										
Intensive Outpatient Treatment (Level II.1) Adults	75.00										
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00										
Residential Treatment (Level III) Adults	100.00										
Residential Treatment (Level III) Adolescents	100.00										
Detoxification (Level III.2-D and III.7D) Adult	130.00										
Detoxification (Level III.2-D and III.7D) Adolescent	80.00										
		1,148	\$ 41,020	Total:	1,445.00	Total:	-	Total:	-	4,525.00	36,495.00

New Frontier

CATEGORY OF SERVICE	Max Unit Cost	Approved SOW	Approved Budget	April 2012		May 2012		June 2012		Running Total	Available Balance
				Units Served	Reimbursable Rate	Units Served	Reimbursable Rate	Units Served	Reimbursable Rate		
Comprehensive Evaluation Adults	120.00	6	720.00	1	120.00		-		-	360.00	360.00
Comprehensive Evaluation Adolescents	120.00	6	720.00	0	-		-		-	0.00	720.00
Substance Abuse Assessment Adults	90.00	15	1,350.00	5	450.00		-		-	900.00	450.00
Substance Abuse Assessment Adolescents	90.00	10	900.00	1	90.00		-		-	90.00	810.00
Outpatient Services – Individual Counseling (Level I) Adults	65.00	500	32,500.00	26	1,690.00		-		-	2,600.00	29,900.00
Outpatient Services – Group Counseling (Level I) Adults	25.00	162	4,050.00	14	350.00		-		-	725.00	3,325.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00	150	9,750.00	3	195.00		-		-	195.00	9,555.00
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00										
Intensive Outpatient Treatment (Level II.1) Adults	75.00										
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00										
Residential Treatment (Level III) Adults	100.00										
Residential Treatment (Level III) Adolescents	100.00										
Detoxification (Level III.2-D and III.7D) Adult	130.00										
Detoxification (Level III.2-D and III.7D) Adolescent	80.00										
849 \$ 49,990				Total:	2,895.00	Total:	-	Total:	-	4,870.00	45,120.00

Quest Counseling

CATEGORY OF SERVICE	Max Unit Cost	Approved SOW	Approved Budget	April 2012		May 2012		June 2012		Running Total	Available Balance
				Units Served	Reimbursable Rate	Units Served	Reimbursable Rate	Units Served	Reimbursable Rate		
Comprehensive Evaluation Adults	120.00										
Comprehensive Evaluation Adolescents	120.00										
Substance Abuse Assessment Adults	90.00										
Substance Abuse Assessment Adolescents	90.00										
Outpatient Services – Individual Counseling (Level I) Adults	65.00	550	35,750.00	7	455.00		-		-	1,105.00	34,645.00
Outpatient Services – Group Counseling (Level I) Adults	25.00	570	14,250.00	0	-		-		-	0.00	14,250.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00										
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00										
Intensive Outpatient Treatment (Level II.1) Adults	75.00										
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00										
Residential Treatment (Level III) Adults	100.00										
Residential Treatment (Level III) Adolescents	100.00										
Detoxification (Level III.2-D and III.7D) Adult	130.00										
Detoxification (Level III.2-D and III.7D) Adolescent	80.00										
		1,120	\$ 50,000	Total:	455.00	Total:	-	Total:	-	1,105.00	48,895.00

WestCare

CATEGORY OF SERVICE	Max Unit Cost	Approved SOW	Approved Budget	April 2012		May 2012		June 2012		Running Total	Available Balance
				Units Served	Reimbursable Rate	Units Served	Reimbursable Rate	Units Served	Reimbursable Rate		
Comprehensive Evaluation Adults	120.00										
Comprehensive Evaluation Adolescents	120.00										
Substance Abuse Assessment Adults	90.00	100	9,000.00	6	540.00		-		-	4,050.00	4,950.00
Substance Abuse Assessment Adolescents	90.00										
Outpatient Services – Individual Counseling (Level I) Adults	65.00	100	6,500.00	4	260.00		-		-	845.00	5,655.00
Outpatient Services – Group Counseling (Level I) Adults	25.00	637	15,925.00	16	400.00		-		-	2,375.00	13,550.00
Outpatient Services – Individual Counseling (Level I) Adolescents	65.00										
Outpatient Services – Group Counseling & (Level I) Adolescent	25.00										
Intensive Outpatient Treatment (Level II.1) Adults	75.00	360	27,000.00	55	4,125.00		-		-	11,925.00	15,075.00
Intensive Outpatient Treatment (Level II.1) Adolescents	60.00										
Residential Treatment (Level III) Adults	100.00	1,900	190,000.00	146	14,600.00		-		-	79,000.00	111,000.00
Residential Treatment (Level III) Adolescents	100.00										
Detoxification (Level III.2-D and III.7D) Adult	130.00										
Detoxification (Level III.2-D and III.7D) Adolescent	80.00										
		3,097	\$ 248,425	Total:	19,925.00	Total:	-	Total:	-	98,195.00	150,230.00

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE YERINGTON PAIUTE TRIBE
AND THE
STATE OF NEVADA DIVISION OF CHILD AND FAMILY SERVICES
FOR
CROSS-JURISDICTION FOSTER HOME PLACEMENTS**

This memorandum of understanding (hereinafter referred to as the "MOU") is entered into by and between the Yerington Paiute Tribe by and through its Department of Human Services (the "Tribe") and the State of Nevada Division of Child and Family Services ("DCFS").

PHILOSOPHY:

This MOU will be honored to meet the common goals and principles of cooperation and mutual respect. The Tribe and the DCFS each agrees to perform their respective duties and responsibilities under this MOU in good faith and in the spirit of cooperation to accomplish the purpose by serving the best interests of children in need of services. The Tribe and the DCFS believe this MOU will be beneficial to both community jurisdictions.

PURPOSE:

The purpose of this MOU is to allow for the safe and culturally appropriate placement of children across jurisdictions through recognition of each jurisdiction's licenses related to foster homes, foster care and foster placement. It is the intent of this MOU that MOU and the entities recognize and comply with applicable guidelines and laws of the Yerington Paiute Tribe of Nevada, the Nevada Revised Statutes, the Nevada Administrative Code and all other laws of Nevada (including all immunities that exist in law), and all federal laws. It is further the intent that children in need of child welfare services shall receive such services and not experience delay in the receipt of services due to questions regarding the implementation of this MOU.

This MOU is established to enable children who are either (1) not eligible for enrollment in the Tribe and/or (2) children eligible for enrollment but not yet enrolled with the Tribe and/or (3) children enrolled with the Tribe who the Tribe has chosen not to take jurisdiction of, to be placed with siblings, and/or with extended family members residing on the Reservation.

FOSTER CARE PLACEMENTS:

DCFS may recognize the foster home licenses issued by the Tribe pursuant to the Yerington Paiute Tribe Foster Home Regulations and Standards (attached hereto as Appendix A and incorporated herein by this reference) and in accordance with all applicable federal laws which require:

- Child Abuse and Neglect screening;
- Local law enforcement background checks; and,
- Fingerprints submitted to the FBI.

The Tribe shall ensure that the prospective foster parents meet minimum foster home licensing safety standards as stated above prior to placement of the child.

In accordance with the order of placement preference of the Indian Child Welfare Act of 1978, 25 U.S.C. § 1915(b) or the laws and regulations of other jurisdictions serving the best interests of children within DCFS custody: the DCFS is hereby authorized to place children in homes that are licensed by the Tribe; to supervise any such placements including the right to conduct home visits on the Reservation; to make changes in placements; and, to provide ongoing services as needed to the youth and the families who reside on the Reservation that are in the foster care system for the State of Nevada, pursuant to Nevada Revised Statutes Chapter 432B and Nevada Administrative Code 432B. The Tribe and the DCFS shall work together to ensure that culturally appropriate services are efficiently provided, in part by communicating all necessary information required to properly afford foster care services. This exchange of information shall include information pertaining to families who have applied for a license to operate as a foster care home on the Reservation. The DCFS shall notify the Tribe of any placement in tribally licensed or approved homes located on the Reservation.

CONFIDENTIALITY:

The Tribe and DCFS shall adhere to all confidentiality restrictions legally applicable in performing child welfare services.

TERM:

This MOU shall commence on the 1st of June 2012 and shall be effective for a term of two years and will automatically renew an additional two years thereafter unless written notice is served by any of the parties of this MOU stating otherwise. This MOU will automatically expire at the end of four years from the date last signed unless otherwise agreed upon to extend the MOU.

TERMINATION:

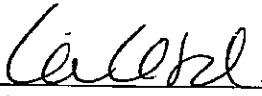
This MOU may be terminated by any party to the MOU upon 30 days written notice.

6/14/2012 by sj

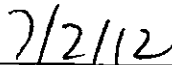
SOVEREIGN IMMUNITY:

The Yerington Paiute Tribe does not waive its sovereign immunity and enters into this MOU pursuant to its governmental authority, and nothing herein shall be deemed as such.

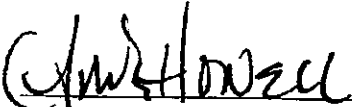
We the undersigned hereby agree to the terms and conditions of this Memorandum of Understanding between the Yerington Paiute Tribe, and the State of Nevada Division of Child and Family Services.



Yerington Paiute Tribe
Linda L. Howard, Chairman



Date



Division of Child and Family Services
Amber Howell, Administrator



Date

APPENDIX A:

FOSTER CARE PROVISIONS:

Yerington Paiute Tribe Foster Home Provisions are acknowledged by authority of the governing body pursuant to amendment of Title 10 –Juvenile Proceedings and which are herein provided.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
AND THE
STATE OF NEVADA DIVISION OF CHILD AND FAMILY SERVICES
FOR
CROSS-JURISDICTION FOSTER HOME PLACEMENTS**

This memorandum of understanding (hereinafter referred to as the "MOU") is entered into by and between _____ by and through its Department of Human Services (the "Tribe") and the State of Nevada Division of Child and Family Services ("DCFS").

PHILOSOPHY:

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PURPOSE:

The purpose of this MOU is to allow for the safe and culturally appropriate placement of children across jurisdictions through recognition of each jurisdiction's licenses related to foster homes, foster care and foster placement. It is the intent of this MOU that MOU and the entities recognize and comply with applicable guidelines and laws of _____ of Nevada, the Nevada Revised Statutes, the Nevada Administrative Code and all other laws of Nevada (including all immunities that exist in law), and all federal laws. It is further the intent that children in need of child welfare services shall receive such services and not experience delay in the receipt of services due to questions regarding the implementation of this MOU.

This MOU is established to enable children who are either (1) not eligible for enrollment in the Tribe and/or (2) children eligible for enrollment but not yet enrolled with the Tribe and/or (3) children enrolled with the Tribe who the Tribe has chosen not to take jurisdiction of, to be placed with siblings, and/or with extended family members residing on the Reservation.

6/7/2012 by sj

6/12/2012 updated by sj

6/14/2012 revised by sj

Final 6/19/2012 by Sharon James

FOSTER CARE PLACEMENTS:

DCFS may recognize the foster home licenses issued by the Tribe pursuant to Foster Home Regulations and Standards (attached hereto as Appendix A and incorporated herein by this reference) and in accordance with all applicable federal laws which require:

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- Local law enforcement background checks; and,
- Fingerprints submitted to the FBI.

The Tribe shall ensure that the prospective foster parents meet minimum foster home licensing safety standards and applicable federal laws as stated above prior to placement of the child.

In accordance with the order of placement preference of the Indian Child Welfare Act of 1978, 25 U.S.C. § 1915(b) or the laws and regulations of other jurisdictions serving the best interests of children within DCFS custody: DCFS is hereby authorized to place children in homes that are licensed by the Tribe; to supervise any such placements including the right to conduct home visits on the Reservation; to make changes in placements; and, to provide ongoing services as needed to the youth and the families who reside on the Reservation that are in the foster care system for the State of Nevada, pursuant to Nevada Revised Statutes Chapter 432B and Nevada Administrative Code 432B. The Tribe and DCFS shall work together to ensure that culturally appropriate services are efficiently provided, in part by communicating all necessary information required to properly afford foster care services. This exchange of information shall include information pertaining to families who have an approved license to operate as a foster care home on the Reservation. DCFS shall notify the Tribe of any placement in tribally licensed or approved homes located on the Reservation.

CONFIDENTIALITY:

The Tribe and DCFS shall adhere to all confidentiality restrictions legally applicable in performing child welfare services.

TERM:

This MOU shall commence on the _____ and shall be effective for a term of two years and will automatically renew an additional two years thereafter unless written notice is served by any of the parties of this MOU stating otherwise. This MOU will automatically expire at the end of four years from the date last signed unless otherwise agreed upon to extend the MOU.

6/7/2012 by sj

6/12/2012 updated by sj

6/14/2012 revised by sj

Final 6/19/2012 by Sharon James

TERMINATION:

This MOU may be terminated by any party to the MOU upon 30 days written notice.

SOVEREIGN IMMUNITY:

does not waive its sovereign immunity and enters into this MOU pursuant to its governmental authority, and nothing herein shall be deemed as such.

We the undersigned hereby agree to the terms and conditions of this Memorandum of Understanding between , and the State of Nevada Division of Child and Family Services.

, Chairman

Date

Division of Child and Family Services
Amber Howell, Administrator

Date

6/7/2012 by sj

6/12/2012 updated by sj

6/14/2012 revised by sj

Final 6/19/2012 by Sharon James

APPENDIX A:

FOSTER CARE PROVISIONS:

Foster Home Regulations and Standards .

6/7/2012 by sj

6/12/2012 updated by sj

6/14/2012 revised by sj

Final 6/19/2012 by Sharon James