



# Frequently Asked Questions

Revision: 11/15/2022

## Tier Award Program

**1. Can providers apply to Tier 3.A and 3.B at the same time? If so, would it be helpful for to share what they'd like to implement first in their projects?**

Yes. But with limited awards, DSAMH wants to make sure that as many agencies receive funding as possible - not compoundable like Tier 2. If you really have a preference, yes, would encourage providers to highlight preference in the submission.

**2. Is the requirement that the provider has provided services for two years in DE? If they are new to DE, but established out of state, is that acceptable?**

The requirement does not say within the state. The Federal requirement is that they be in operation for two years and providing services in that field for two years.

**3. Do Tiers 3.B and 3.C have to be Medication-assisted programs?**

Not necessarily. There does need to be a connection to or an offering of connection to MOUD, but the project itself does not need to provide MOUD directly if that is not in the scope of the agency. It can be by referral only.

**4. Are providers able to apply for multiple awards at the same tier (for different projects)?**

Yes, agencies can apply for multiple Tiers, but multiple applications are required to be submitted. If an applicant is interested in submitting two applications for the same tier, the projects must be unique from one another. Keep in mind that there are a limited number of awards for each Tier.

**5. Can tier 3.A be an extension of the SOR 2.0 Tier 2?**

Could be. It is a different level of funding, but providers can absolutely move into the next phase of work in this TAP program.

## Contingency Management

**6. Does the \$75 contingency management limit also include the DSAMH GPRA gift cards?**

It does not. The GPRA gift card is separate from the contingency management project.



- 7. For the incentive limit of \$75 per patient, are there specifications on what this needs to be (i.e. type of gift card provided to patient)? Also are there limits on the total number of patients for which you can request the \$75 incentive?**

There are. For individual projects focused on Contingency Management, there will be training opportunities and additional information to support providers efforts. There is no cap on program participants. Just be mindful that everyone that receives the CM incentive should be in the CM project. There is no restriction of the number of clients in the CM project.

- 8. Is the \$75 incentive above and beyond the \$75K or \$300K grant funding?**

No. Applicants should account for the \$75 incentives per patient within its overall budget.

## Budget

- 9. On the budget template worksheet, shouldn't the percentage of time correlate with the FTE number?**

Not necessarily. The FTE number is the full-time equivalency. The salary for that individual should equate to your FTE person. The percent level of effort is where you identify how much that individual is working on the project. Standard FTE is 1.0, .5 or 2 (if you have two positions in that category).

- 10. For the budget template, should the salary column also include benefits?**

No. There is a line item for benefits in the worksheet. The salary column is separate from the benefits data.

- 11. Is the initial payment disbursement equal to the first quarter budget expenses?**

Correct. The first quarter's anticipated expenses is what the initial disbursement will be to get projects started and running. After the initial disbursement, projects are expected to move to cost reimbursement payments.

## Data Collection

- 12. For data collection for tier 3A: It asked for the number of clients hospitalized or inpatient. Is this for the total patient volume of our practice or just for our substance use disorder patients?**

For Tier 3A, this should be the total number of clients in the practice.