# SOR 4.0 Year 2 Tier Award Program (TAP) Solicitation

## Frequently Asked Questions
**May 23, 2025**

## General Application Questions:

1. **Where can I find information and application materials for the SOR TAP funding opportunities?**
   All information and application materials for SOR TAP funding opportunities are available on Delaware's Addiction Treatment Resource Center website. Visit https://atrc.dhss.delaware.gov and click on "Funding Opportunities" in the top navigation bar.

2. **Are providers who participated in the SOR 3.0 TAP eligible for the SOR 4.0 TAP?**
   Yes, providers who have previously participated in TAP are eligible, so long as their project proposal is different from current or past awards. **TAP awards cannot be repeated without a new innovation or expansion to the project.** Projects cannot supplant funding of existing programs and services. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal award (see: 2 CFR Part 200, Appendix XI; and the SAMHSA FY 2024 SOR NOFO Application Guide). Note that Tier 3.A providers are **not** eligible for Tier 4.A unless expanding SBIRT to a **new location** beyond those involved in the original 3.A or 4.A project. Prior 3.A or 4.A awardees may be eligible for 4.B or 4.C.

3. **Are providers who are currently participating in the SOR 4.0 Year 1 TAP eligible to apply for a grant under the SOR 4.0 Year 2 TAP?**
   Yes. Organizations that received a SOR 4.0 Year 1 award are eligible to apply for SOR 4.0 Year 2 funding under the TAP initiative. However, please note that funding is not guaranteed to continue a project and that DSAMH strongly prefers to fund new projects during each release of TAP.

   If a SOR 4.0 Year 1 subrecipient chooses to apply for a Year 2 award, they must either:
   - Propose to expand services to new locations or populations not covered in the current project,
   - Submit a proposal for a completely new project that aligns with TAP goals, or
   - Clearly justify the need for additional time and funding to continue implementing the same evidence-based practice (EBP) initiated in Year 1.

4. **What is the award period for the SOR 4.0 Year 2 TAP grants?**
   SOR 4.0 Year 2 projects are expected to begin in early October 2025, and will conclude on September 29, 2026, allowing for up to a 12-month implementation.

5. **When are applications due?**
   Applications for Tier 4.A are due by 5:00 pm ET on **June 2, 2025**, and applications for Tiers 4.B and 4.C are due by 5:00pm ET on **June 10, 2025**. All application materials should be submitted to DSAMH.ORT@delaware.gov. Incomplete applications submitted by the deadline will likely not pass the Completeness and Eligibility Review phase before application scoring and consideration.

6. **When will I know if my organization is going to be awarded?**
   Many factors affect the final date of decision and notification to awardees. Please refer to the

estimated timelines posted in the TAP solicitation and application documents for each Tier.

7. **Will DSAMH offer any pre-application meeting/discussion opportunities?**
   DSAMH offered a "Meet the Funders" session at the SOR conference on May 14th, 2025, where prospective applicants introduced themselves and asked questions about the upcoming grant cycle.

   DSAMH also hosts informational webinars for all TAP funding opportunities. Please refer to the details for the informational webinar date/time provided in the solicitation for the specific TAP Tier you are interested in applying to and/or refer to the informational webinar recordings available on the Addiction Treatment Resource Center (ATRC) website.

   Additionally, prior to submission, applicants may send questions regarding their proposal, or the process, to DSAMH.ORT@delaware.gov.

8. **How will applications be scored?**
   Each TAP solicitation now includes a section on how applications are reviewed and scored. Please refer to the specific solicitation for the TAP Tier you are interested in applying for.

9. **Can I submit an incomplete application if I am not ready in time for the deadline?**
   No, incomplete applications will not be reviewed.

10. **Are youth (ages 12-17) allowable as a target population?**
    SOR 4.0 allows projects serving transition-aged youth from **ages 16-25.** Projects serving youth younger than this should refer to opportunities provided by DSCYF (Delaware's Department of Services for Children, Youth & Their Families).

# Budget Questions:

11. **Should the annual salary indicate an individual's salary for the project period, or their actual annual salary?**
    The annual salary should represent the individual's actual annual salary. The budget template will automatically calculate the total amount for the project period based on the actual annual salary, Full-Time Equivalent (FTE), Level of Effort (LOE), and the number of months included in the project period.

12. **Should a third-party agency for patient transportation be categorized under Travel, Contractual, or Equipment?**
    A third-party agency providing patient transportation should be categorized under Contractual in the budget template. However, no TAP projects may duplicate already funded initiatives by DSAMH or services already available to providers to utilize. This includes DSAMH's DTRN/RoundTrip transportation pilot initiative, and Medicaid funded non-emergency medical transportation.

13. **Are there specific items that cannot be included in my proposed budget for the SOR TAP application?**
    Yes. SAMHSA has strict guidelines about what is not allowable under the State Opioid Response (SOR) grant funding. DSAMH encourages all applicants to carefully review their budgets before submission to avoid unallowable expenses:
    - SAMHSA's Notice of Funding Opportunity (NOFO) Application Guide (Section F: Standards for Financial Management and Standard Funding Restrictions): https://www.samhsa.gov/sites/default/files/grants/fy-2025-grant-application-

guide.pdf#page=31
- SAMHSA's Award Standard Terms and Conditions:
  https://www.samhsa.gov/sites/default/files/fy24-award-standard-terms-conditions.pdf?

Common unallowable costs include, but are not limited to:
- Promotional items or giveaways (e.g., T-shirts, mugs, pens, tote bags)
- Meals, unless necessary to the proposed evidence-based practice (may also require federal approval of proposed expenses before application approval).
- Time spent in training/conferences. Entrance fees for training/conferences *may* be allowable, if the training or education cannot be provided via another avenue of technical assistance (TA) already available and funded (federal or DSAMH-funded TA resources).
- Construction or maintenance and repair (e.g., building renovation, new structures)
- Direct payments to individuals to encourage participation in services (cash, gift cards, etc.)
- Marketing or advertising that promotes the organization generally, and not just the funded project or service
- Supplanting existing state or local funds (SOR funds must supplement, not replace, other funding sources)
- Services that are already billable to insurance or another source (SOR must be the payer of last resort for client/patient services)

## 14. Is it necessary to complete the cost justification column in the budget?
Yes. All applicants must clearly complete the cost justification column for every proposed expense in the budget template. This section should explain the reason for each cost, how the amount was calculated (including how the SOR portion of shared costs was determined), and how it supports the proposed project.

## 15. How should Full-Time Equivalency (FTE) be defined and completed in the budget?
In the budget template, Full-Time Equivalency (FTE) refers to the portion of full-time hours a staff person will dedicate to the proposed project. For example:
- A full-time staff member working 40 hours per week = 1.0 FTE
- A part-time staff member working 20 hours per week = 0.5 FTE

Applicants should clearly indicate the FTE for each staff position funded by the grant within the budget template. Each FTE staff must be listed on a separate line in the budget. Please refer to the "Guide" tab in the budget template for additional instruction.

## 16. What is Level of Effort (LOE), and how should it be completed on the budget?
Level of Effort (LOE) refers to the percentage of a staff person's time that will be dedicated specifically/exclusively to the TAP project. Formulas have been built into the budget template to automatically calculate requested funds for staff salaries, taking into account their LOE and FTE. For example, if a full-time (1.0 FTE) staff member will spend half of their time on the project, their LOE should be entered as 50%. The budget template will then automatically multiply the annual salary by the FTE and LOE indicated: *e.g., 1.0 FTE x $50,000 salary x 50% LOE = $25,000 requested in grant funds for an estimated full 12-month project.*

A single individual's LOE cannot exceed 100% across all federal grants and funding sources. Applicants must ensure that LOE is accurate and aligns with project responsibilities and other commitments. Please refer to the "Guide" tab in the budget for additional instructions.

## 17. Can online ASAM classes be included under the Training category on the budget?
Training costs must align with the objectives of your project. If your project includes implementing ASAM levels of care, then these classes could be allowable. However, if the training is solely for

general knowledge about ASAM levels of care, it would not be allowed.

# Tier 4.A

### 18. What are the key requirements and restrictions for applying to the Tier 4.A funding opportunity?

Applicants must demonstrate how they will implement SBIRT plus follow-up services effectively, ensure data submission and monitoring, and adhere to fidelity standards and SAMHSA's funding restrictions. Please refer to the solicitation for full eligibility requirements.

### 19. Which SBIRT tool is appropriate for my project?

Projects must use a *validated* screening tool, whether that is a full screener **or** a pre-screener followed by a full screener. Refer to the *TAP 4.A SBIRT Guidance* included in the Tier 4.A Solicitation package for examples and guidance on screening tools. See: https://atrc.dhss.delaware.gov/wp-content/uploads/2024/02/TAP-4.A-SBIRT-Guidance.pdf.

Note that this is not an exhaustive list of screening tools, and depending on your target population, there may be tailored screening tools that are more appropriate for your project. Proposed screening tools will be reviewed and must be approved by DSAMH.

# Tier 4.B/4.C

### 20. Can the SOR 4.0 TAP grants apply to extending/enhancing <u>inpatient</u> OUD services, or does DSAMH only fund outpatient providers?

Inpatient providers are eligible to apply for a Tier 4.B/4.C project. However, projects must provide inpatient services to patients meeting medical necessity criteria, offer MOUD in their care continuum, and include connection to community MOUD once patients are discharged. Funds cannot be used to supplant existing operational expenses or funding mechanisms (e.g., existing projects receiving other state or federal funds). Please refer to the 4.B/4.C Solicitation for full eligibility details and other SAMHSA requirements and funding prohibitions (also available in the SAMHSA SOR NOFO starting on page 31: https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2024-sor-nofo.pdf).

### 21. Are Contingency Management (CM) programs only permitted by treatment providers, or can CM be implemented by CBOs, too?

CM is only allowable as a component of a treatment program. For more details on CM educational and oversight requirements, please refer to page 42 (Appendix B) of the SOR NOFO (linked above).

### 22. Is there a limit on contingency management (CM) funding for clients?

Yes, there is a set limit on CM contingencies. For programs including CM as a component of the treatment program, clients may not receive contingencies totaling more than $75 per budget period. Please note that these amounts are subject to change. For more information on funding limitations and restrictions, refer to page 32 of the SOR NOFO (linked above).

### 23. Does a staff person need to be a licensed CADC or LCSW?

If your project involves providing treatment services, you must have DSAMH licensure, and appropriately credentialed staff providing services. Alternatively, you may contract with an independently licensed provider not employed by the organization.

**24. For Tier 4.C, what is "specialized programming"?**

Specialized programming is specifically designed or adapted to effectively engage and serve a specific population. This type of programming is tailored to address the unique needs (e.g., cultural, situational) of these populations to improve treatment outcomes and engagement. Targeting the recruitment of a special population to participate in an existing project, service, or EBP does NOT qualify as specialized programming.

**25. Can any staff member providing support services be referred to as a "Peer Recovery Specialist" in our TAP application?**

No. Applicants must use the term "Peer Recovery Specialist" accurately and in accordance with Delaware's standards.

A "Peer Recovery Specialist" is a *trained professional* who has *lived experience of recovery* from substance use and/or mental health challenges, and, who uses that experience to support others in their recovery journeys. In Delaware, Peer Recovery Specialists are recognized as members of the behavioral health workforce and are often expected to complete formal training and certification (Certified Peer Recovery Specialist [CPRS]). They provide non-clinical support, encouragement, and practical guidance—not clinical treatment—and are often part of an interdisciplinary team. Misrepresenting individuals without lived experience or appropriate training as "peers" is inappropriate, misleading, and may be fraudulent.

Peer Recovery Support Services are grounded in the following principles:
- Recovery-Oriented: Peers promote hope and multiple pathways to recovery.
- Person-Centered: Services are guided by the individual's goals and preferences.
- Voluntary: Participation in peer support is always a choice.
- Relationship-Focused: Trust, empathy, and mutuality are core to the work.
- Trauma-Informed: Services emphasize safety, empowerment, and healing.

**26. Can "Peer Recovery Specialist" and "Case Manager" be used interchangeably?**

No. In contrast to the above Peer Recovery Specialist, a "Case Manager" is a professional who helps individuals navigate and access a range of services and supports based on an assessment(s) of need. This role typically includes responsibilities such as care coordination, planning, advocacy, and documentation. Case managers often work in healthcare, legal, and social service systems and may hold an undergraduate degree or higher. Case managers may or may not have lived experience, but the role does not require it, and such information is not disclosed during the hiring process.

Both roles are essential and valued within the behavioral health system. However, it is critical to use the correct terminology in your application materials. Applicants misusing the term *Peer Recovery Specialist* may be subject to additional review or decreased scores in the review process. Please refer to Delaware's standards and guidance when describing staff roles in your application.

The following position descriptions for the state under case management may be helpful:
- https://jobapscloud.com/de/specs/classspecdisplay.asp?ClassNumber=MDDR01&LinkSpec=MDDR01
- https://jobapscloud.com/de/specs/classspecdisplay.asp?ClassNumber=MDDZ57&LinkSpec=