



# Frequently Asked Questions

Revision: 9/29/2021

## Tier Award Payment (TAP) Program

### **1. Does the Tier 1 application have a rolling deadline?**

There are no hard deadline dates, there are two review dates scheduled for Tier 1: April 1, 2021 and July 1, 2021. DSAMH will continue to review applications as they come in. However, DSAMH will gauge resource availability and interest as the Tier Award Payment (TAP) Program rolls out to reassess opening more application opportunities for Tier 1.

### **2. When will the Tiers 2 and 3 grant applications be released?**

DSAMH is designing a unified application process for Tiers 2 and 3 slated for release in late spring of 2021. If you would like to meet with DSAMH regarding your Tier 2 or Tier 3 concept before then, please contact [DSAMH.ORT@delaware.gov](mailto:DSAMH.ORT@delaware.gov).

### **3. How can I receive technical assistance?**

Requests for additional TA can be made by submitting [this form](#).

### **4. Allowable Expenses: staffing, training, and improving the screening process.**

If budget requests include funds for staff time to improve or create a screening process, and/or improve or create the data reporting process, please explain those staff activities in your application.

Please note TAP program funding can only be used to pay for entrance fees to a training and not as an incentive to or for staff time to participate in a training. Additionally, if the training or technical assistance (TA) is something that can be provided via another TA venue you must explore that first. Please first apply for TA and Training through the [Opioid Response Network \(ORN\)](#), if they are unable to meet your need please apply through DSAMH's SOR funded TA by filling out [this form](#). If after you explore both these options and the training or TA is not available you may use this funding.

Funds can be used for snacks as long as the costs do not exceed \$3.00 per person per day and maintain the documentation.

Funding for advertising and marketing is almost always unallowable. Any materials developed must tie directly back to SOR related activities. Applications need to provide additional information explaining how the items purchased with the TAP program funding is directly related to SOR funded activities.



TAP program funding to support EHR needs to be proportional to the costs related to the activities that are funded in the Letter of Agreement, meaning the grant can only fund the percent of the EHR that is directly related to SOR funded activities.

**5. Are the quarterly learning collaboratives only for those participating in the TAP Program?**

Yes, the learning collaborative are required for those participating in the TAP program but others can join the learning. However, some learning opportunities are reserved for TAP Program participants only. Overall, this is an opportunity for providers to discuss what they are working on, share ideas and successes, and problem solve challenges.

**6. What are the opportunities for networking with other providers?**

In addition to the quarterly learning collaboratives, DSAMH is offering other ways to provide networking opportunities across Tiers and cohorts as questions, themes, and implementation needs emerge. In the near future, through the DSAMH Addiction Treatment Resource Center (ATRC) a web-based site, resources and additional expertise will be provided, including resources from SAMHSA. Ultimately the goal is to build up this provider community and networking resource to share ideas and create opportunities to build provider relationships to solidify a system of care approach.

**7. Can larger health systems have more time to submit the Tier 1 application?**

DSAMH acknowledges that larger health systems may be challenged with the April 1 application review date given their internal processes and broad range of programs/levels of care. Larger health care system may have challenges with multiple independent contracts and DSAMH encourages those systems to [reach out](#) to coordinate applications across the various tiers and your providers.

**8. To participate in Tiers 2 and 3, is it a requirement/pre-requisite to participate in the preceding tiers?**

In most cases, participants will need to show that they satisfied the requirements of the previous tiers. DSAMH may grant waivers to providers to advance to the next tier. To discuss the specifics for your organization, contact [DSAMH.ORT@delaware.gov](mailto:DSAMH.ORT@delaware.gov).

**9. For the SUD provider community, you specified that tobacco screening is required. Are we allowed to screen for conditions or behaviors outside of tobacco?**

For SUD providers, the data reporting focus is tobacco. However, providers may use a tool that is broader than tobacco if it captures tobacco use and is evidence-based.



**10. Can independent practitioners participate in the TAP Program?**

Yes, independent practitioners or contractors can apply. Please note the funding for Tier 1 is up to \$49,000 so if an application is submitted, decisions for funding amounts will be based on application quality, size and scope of the practice, and anticipated number of individuals impacted by the program. Providers cannot apply as an individual *and* agency – one or the other.

**Tier 1**

**11. Do all the “Additional Requirements for Application Submission” (e.g. W-9, valid DUNS Number, EIN, etc.) need to be completed as part of the application or submitted after the award is granted?**

DHSS is unable to set up a contract without all the required information. Therefore, all the information needs to be provided in the application prior to DSAMH approving and moving to the contracting process.

**12. What is the timeline for screening and is there a deadline for meeting the 25% metric?**

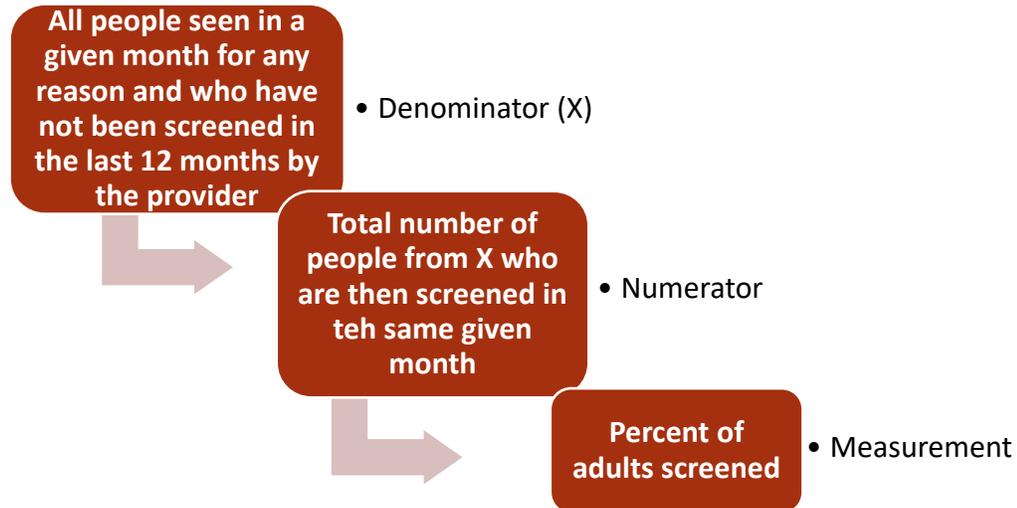
The expectation is met when providers can demonstrate meeting the metric by January 2022. There is not a specific timeline, but the second payment is contingent on meeting the 25% metric.

**13. Is this tool to be completed for all current clients?**

Per the Tier 1 application packet (page 8), providers should report on clients at intake or who have not received a screening in the previous six months.

**14. Clarification on the frequency of screen expectation.**

- 1) Identify Your Denominator:** Count all people seen in a given month for any reason (e.g. regular visit, new client intake) within your program who have NOT been screened in the last 12 months. This would include new clients and existing clients who do not have a screening on record in the last year.
- 2) Identify Your Numerator:** Count the total number of people who were screened in that same month.
- 3) Report Your Data:** Enter your numerator and denominator into the web survey by the 10<sup>th</sup> day after each month.
- 4) Receive Your Second Payment:** After DSAMH receives three consecutive months of data that demonstrates a 25% screening rate, we will ask you to certify your data. Once data is certified, DSAMH will trigger your second payment.



For example, 100 people were seen in the last 30 days at a practice. Twenty were new intakes, 50 were current clients who had not been screened in the last 12\* months, the remaining 30 were seen but previously screened during the last 6-month time and therefore screening is not required for those 30 individuals. The denominator is 70 (the 20 new intakes and 50 current clients who had not been screened in the last 12\* months).

The numerator would be the total number of the 70 individuals who were actually screened in that same 30-day time period.

\*Mental Health Providers is 6 months

## OBOT Fast Track

### 15. Can I apply to both the Tier 1 program and the OBOT Fast Track?

Providers must choose between these two initiatives. Providers who participate in the OBOT Fast Track instead of Tier 1 will be eligible to apply for Tiers 2 and 3.

## Data Collection and GPRA

### 16. Will there be training for the GPRA? Is this the system to be used to capture and submit programmatic data?

Yes, there will be GPRA training available. Tiers 1 and 2 have no GPRA requirement. If an awardee is not already administering the GPRA they are required to participate in training provided by DSAMH. DSAMH will reach out directly to awardees to schedule training or you can send a request for training through the [Technical Assistance and Questions Request Form](#).



**17. Will GPRAs be required for Tier 3?**

For Tier 3 projects that include the provision of direct treatment services, GPRAs will be required.

**18. We are currently completing GPRAs, but we are applying to Tier 1 which doesn't require GPRAs. Do we need to continue completing GPRAs?**

If a provider is currently completing/submitting GPRAs, please continue for now and contact [DSAMH.ORT@delaware.gov](mailto:DSAMH.ORT@delaware.gov) to discuss next steps in more detail.

**19. How will screening data be aggregated since each provider can select its own screening tool?**

In Tier 1, DSAMH will be collecting basic data on screening rates, which will not be impacted by the tool your organization selects.

**20. Should we pull data from our EHR to submit into Qualtrics for Tier 1?**

Qualtrics will require you to enter data into a simple survey collected from your EHR or other sources.