

Application Guidance

Funding Opportunity Title:	Provider Stabilization
Due Date for Applications:	Wednesday, December 8, 2021 by 12:00 p.m., Eastern Time.
Application Submitted via online application:	Application shall be submitted via online application through Wednesday, December 8, 2021 by 12:00pm., Eastern Time.
PROJECT SUMMARY: The Coronavirus Response and Relief Supplement Appropriations Act appropriated funding through the Substance Abuse Prevention and Treatment Block Grant (SABG) program to assist in response to the COVID-19 pandemic. This SABG supplemental funding has provided DDAP with the means to offer stabilization payments directly to treatment providers to assist with pandemic related expenses including: minimizing the spread of COVID-19, ensuring the provision of testing and support of vaccines as appropriate, and delivering quality, evidence-based treatment as demonstrated through the provision of services aligned with the American Society of Addiction Medicine (ASAM) Criteria, 3 rd Edition, 2013.	

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APPLICATION INFORMATION

A complete and accurate online application must be submitted via the Provider Stabilization online application. Applicants should print and keep a copy of the completed application package for their records. If during the initial review of the application, DDAP discovers information is missing, not legible or inaccurate, the application shall be deemed “incomplete” and rejected. DDAP will not accept requests to update a submitted application or permit the submission/ resubmission of incomplete, rejected, or otherwise delayed application materials after the deadline.

ONLINE APPLICATION

Applicants are required to complete each of the sections listed below to be able to submit an online application.

- **Provider Stabilization Affirmation and Attestation.** Answers to this section will determine the baseline eligibility for participation in Provider Stabilization. If a provider does not pass the initial screening portion of the online application, the provider will not be able to continue with the Provider Stabilization application.

Affirmation and Attestation

Fields marked with * are required to Submit the Application.

You must be able to respond to the following in the affirmative to qualify for this Grant.

* 1. Do you have an existing contract with at least one SCA for the provision of Substance Use Disorder treatment services?

Yes

* 2. Is your organization substantially aligned with the ASAM Criteria, 3rd Edition, 2013, or does your organization have DDAP's approval for an alignment extension until 12/31/2021?

Yes

* 3. Attestation #1: Intent for continued delivery of services to the uninsured/underinsured population.

Affirm

* 4. Attestation #2: Commitment to minimizing the spread of COVID-19 and will ensure the provision of testing and support of vaccinations as appropriate.

Affirm

* 5. Attestation #3: Attest that your organization will continue to deliver quality, evidence-based treatment as demonstrated through the provision of services aligned with the ASAM Criteria, 3rd Edition, 2013.

Affirm

- **Required Identification Information and Numbers.** Answers to this section pertain to the Federal Tax Identification Number, SAP Vendor Number, Data Universal Numbering Systems (DUNS) Number, System of Award Management (SAM) Active Date, and Facility License Number(s).

Identification Information

Fields marked with * are required to Submit the Application.

* 6. Federal Tax Identification Number

* 7. SAP Vendor Number

* 8. Data Universal Numbering Systems (DUNS) Number (Additional information can be found [here](#))

* 9. System of Award Management (SAM) Active Date

MM/DD/YYYY

* 10. Facility License Number (if you have multiple, please enter separated by commas)

- **Required Contact and Service Information.** Answers to this section pertain to the Project Governing Body Name, Project Governing Body Address, Name of Project Director, Name of Primary Contact, Email Address of Primary Contact, Telephone Number of Primary Contact, and Counties Served.

Contact and Service Information

Fields marked with * are required to Submit the Application.

* 11. Project Governing Body Name

* 12. Project Governing Body Street Address

Street Number,Name,Designator / PO Box / Company Apt / Suite / Unit / Building / Floor

* 13. Project Governing Body City

* 14. Project Governing Body State

* 15. Project Governing Body Zip Code

XXXXX or XXXXX-XXXX

* 16. Name of Project Director

First Name, Middle Name, Last Name

* 17. Name of Primary Contact

First Name, Middle Name, Last Name

* 18. Email Address of Primary Contact

* 19. Telephone Number of Primary Contact

XXX-XXX-XXXX

* 20. Counties Served

Select at least one County ...

APPLICATION REVIEW

When filling out an application, Applicants will be unable to save their progress and return at a future time. All Applicants must finish their application once it has been started.

Applicants will be unable to edit their application once it has been submitted. All Applicants shall notify DDAP through email at RA-DAGrantsMgmt@pa.gov of changes in information prior to the application submission deadline. Applicants shall provide DDAP with notification of any changes to

their contact information (e.g., Project Governing Body name or address change, Project Director name change, Primary contact name, email, or number change, and counties served) prior to the change occurring, if possible, or immediately after the change occurs.

Applicants may withdraw their application at any time prior to any Grant Agreement being signed. To withdraw, Applicants shall contact DDAP through email at RA-DAGrantsMgmt@pa.gov and state their intent to withdraw their application. After the Applicant confirms the request, DDAP will remove the application from consideration for a Provider Stabilization award.

DDAP will not begin to review applications for funding until the application submission deadline has passed.

COMMUNICATION METHODS

DDAP frequently corresponds with Applicants via email. It is important for Applicants to check their email during the application process for correspondence from the DDAP and make certain to disable “spam” blockers (or check the spam folder). DDAP will provide email updates as applicable; however, it is the Applicant’s responsibility to ensure the contact information DDAP has on file is correct. If updates are necessary, Applicants can make changes prior to the close of the application deadline by emailing DDAP at RA-DAGrantsMgmt@pa.gov.

ADDITIONAL INFORMATION

RESOURCES FOR APPLICANTS

American Society of Addiction Medicine (ASAM) – A professional addiction medical society representing physicians, clinicians, and other professionals. The Mission of the American Society of Addiction Medicine is to be “a physician led professional community for those who prevent, treat, and promote remission and recovery from the disease of addiction, and to provide resources for continuing innovation, advancement, and implementation of addiction science and care.” In 1991, the first edition of the ASAM’s Patient’ Placement Criteria for the Treatment of Psychoactive Substance Use Disorders was published and outlined a continuum of care model of Substance Use Disorder Treatment that was assessment based, clinically driven, and outcomes – oriented. Since 1991, several updates to the text have occurred with the most recent version released in 2013. The overall purpose of the ASAM Criteria has expanded slightly since 1991 and is aimed at matching patients to the appropriate level of care based on the use of multidimensional assessments to develop patient centered service plans and to offer guidance to treatment teams about making objective decisions about patient admission, continuing care, and transfer/discharge.

Department of Drug and Alcohol Programs (DDAP) – A cabinet-level agency in the Government of Pennsylvania, who is responsible for the licensure of any partnership, corporation, proprietorship, or other legal entity intending to provide drug and alcohol treatment services.

DEFINITIONS

Data Universal Number Systems (DUNS) Number – A unique nine-digit identifier created by credit bureau Dun & Bradstreet that is used to identify an organization.

Facility License Number – A unique six-digit number provided by DDAP which indicates the Department has found a freestanding treatment facility to be in full or substantial compliance with standards.

Federal Tax Identification Number – A unique nine-digit number assigned by the Internal Revenue Service which is used to identify an organization.

Systems Applications and Products (SAP) Vendor Number – A unique, six-digit number tied to an organization that is used by a municipality to identify a vendor in its system.

System of Award Management (SAM) Active Date – The date the entity registered to do business with the government on SAM.gov.

Substance Use Disorder (SUD) – Involves the overuse of, or dependence on, one or more substances leading to a clinically significant impairment whose effects are detrimental to the individual's physical and mental health, or the welfare of others.

Substance Use Disorder (SUD) Treatment – As used in this Guidance and for purposes of the Provider Stabilization, SUD refers to SUD-related care that is delivered in a DDAP licensed facility based on a standardized assessment of SUD treatment needs.

Uninsured/Underinsured – Persons receiving treatment who either lack health insurance completely (uninsured) or their out-of-pocket health care costs exceed ten percent of their income level (five percent when income is less than 200 percent of the federal poverty line) (underinsured).