

RFF#2023-008 FAQs

- **Is there a standard RFF template that we are to use?**
 - No, there is not a standard template. Applicants may organize their proposal in a manner that communicates their plan and goals effectively. The Division of Aging (DA) and the Division of Mental Health and Addiction (DMHA) scoring committee can best score the proposal if it is organized similarly to the scoring sheet.
- **Are exhibits or attachments a part of the 16-page total?**
 - No, but applicants may include additional attachments or appendixes for the committee's consideration.
- **[AAA] has created a product we are considering using in our program design. Would this be considered a non-authorized "Promotional Item"?**
 - Due to the funding source requirements for this grant, promotional items are those that incentivize participation in the grant. If an item is intended to support a participant to thrive within the community and/or improve their quality of life, it would not be considered a promotional item. Marketing items are allowable to promote a grant-funded program, but costs are encouraged to be reasonable.
- **We have high rates of depression and anxiety diagnoses. Do these meet the expectations of "serious mental illness"?**
 - For the purposes of this grant, the person is eligible for grant funding if they have a (1) diagnosable mental, behavioral, or emotional disorder within the Diagnostic and Statistical Manual of Mental Disorders (DSM) and which as (2) resulted in a functional impairment which substantially interferes with or limits one or more life activities. Both depression and anxiety are within the DSM. Substance use and developmental diagnoses alone would not meet eligibility requirements.
- **Is there a list of ICD-10 codes that meet the eligibility for this award?**
 - No, there is not a comprehensive list of ICD-10 codes that meet eligibility.
- **Do you see a difference between "serious" mental illness vs. "severe" mental illness? If so, please provide examples within both.**
 - For the purposes of this grant, there is no difference between serious or severe mental illness.
- **What activities fit the definition of "delay or prevent Institutionalization"?**
 - Activities include those which ensure older persons with SMI may continue to live, as long as possible, within the community and not within nursing facility or hospital care. Agencies are encouraged to assess the needs of the persons served under the grant and determine what would best support them.
- **Does DMHA use the state's CaMSS system? If yes, would it be feasible to suggest a bridge in CaMSS for shared patients that includes details on their services/providers/etc.?**
 - DMHA does not use CaMSS.
- **Is it allowable to propose a "Planning" phase and then an "Implementation" phase?**
 - Yes, a time-limited planning phase is allowable. The duration of planning funds depends on the needs and complexity of the planning involved.

- **The RFF makes several mentions of improved or enhanced “...care and service coordination” which are relatively new terms being used within the upcoming “Pathways to Aging” managed care changes to serve Aged & Disabled Waiver populations. Are these “mentions” intentional, to gain insight into whether the applying AAAs are sufficiently preparing/prepared for work with selected Managed Care Entities (MCEs)?**
 - The purpose of this grant is to identify opportunities to support older adults with SMI living in the community to delay or prevent institutionalization, which often includes care and service coordination with multiple service providers. The language is intentional and consistent with the DA and DMHA goals to facilitate collaboration between physical and behavioral health and social services toward improved or enhanced care and service coordination for older adults with serious mental illness. Some individuals served by the grant may be eligible for Indiana’s Pathways for Aging, while others may not be.
- **Will this grant cover “administrative” costs, e.g. accounting/fiscal grant tracking, grant oversight/progress management, etc.? If so, at what level (\$ or %)?**
 - This grant’s funding source has a limit on indirect costs at 5%.
- **What can be included as indirect costs?**
 - For the funding source requirements, indirect costs are not directly tied to the programming: administration, claims personnel, etc.
- **Are any of these ideas you would consider for this proposal:**
 - **Training staff on MH resources so they can better help clients access assistance when not working with a CMHC.**
 - **Resource care package idea- might include MH resources for their county of residence, written information on dealing with depression, anxiety, etc, activities- adult coloring books or other activities?**
 - **Working with local CMHC to set up targeted support groups in a setting such as an assisted living facility.**
 - Yes, these activities may be included if they support the goals of the proposal. Resources may not be utilized as incentivization for participation within the grant.
- **Would behavioral health care providers without care managers be eligible to partner with AAAs for referral purposes or other wrap around services?**
 - Yes.
- **Is the goal of the grant for AAAs to create multi-disciplinary teams among the behavioral health care provider’s care managers and AAA care managers so that social determinants of health can be addressed?**
 - The goal of the grant is to support older adults with SMI to live within their communities. Formal and informal multidisciplinary teams may be an approach to achieve that goal. Social determinants of health may be addressed to meet goal as well.
- **Non-authorized activities include food. Is food being defined as “groceries/food for promotional events? Would home delivered meals per funding such as CHOICE/Title 3 or Medicaid Waiver be considered?**
 - This grant cannot pay for food itself. If the agency can provide home-delivered meals through other funding sources and integrate it into this grant, that is acceptable.

- **Can the grant funds be used for direct services or are the funds only for care management and associated costs?**
 - Funds may be used for any direct service that support older adults with SMI. Case management and associated costs may be included, as applicable. Per funding source requirements, grant funds are to be the payor of last resort. If services can be billed to another source, those funds are to be utilized.
- **Are funding sources such as CHOICE, Medicaid Waiver and American Rescue Funds (ARP) allowed for direct services?**
 - Yes, agencies may utilize other funding sources outside of this grant. These federal grant funds may supplement other funding sources, but they shall not supplant (replace) or duplicate those services.