

# DSHS Crisis Expansion Needs and Capacity Assessment: Frequently Asked Questions

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## Timeline

**Q1:** When will funds be disbursed?

**A1:** The Department is unable to process submitted proposals and potential awards as part of the initial FY16 contract. Since it will be an amendment, it is anticipated that the funds will be available at the end of the first quarter.

**Q2:** Will DSHS provide an extension to the submission deadline for the Crisis Expansion Needs and Capacity Assessment (NCA)?

**A2:** The submission deadline for the Needs and Capacity Assessment has been extended until July 15, 2015.

Proposals received after this date may be considered at the sole discretion of DSHS. Funding of late proposals will depend, in part, on availability of funds. Additionally, submission of proposals after the deadline may affect the contract start date.

## Funding

**Q3:** Are these one-time funds or ongoing?

**A3:** DSHS anticipates that additional funds appropriated during the 84<sup>th</sup> Legislative Session for the purpose of expanding crisis services will be added to the agency's base budget. Thus, DSHS anticipates that funding will be on-going.

**Q4:** What is the total amount of funds available across the State for this project?

**A4:** The Department was appropriated 31.7 million for the biennium.

**Q5:** Is there a maximum amount of funds that can be requested per project?

**A5:** No, there is no maximum amount of funds that can be requested. However, please note that proposed funding amounts may be reduced based on review criteria and available funding.

**Q6:** Would this be a Needs and Capacity Assessment to continue our current PESC projects through the next biennium, or to begin an entirely new project?

**A6:** The funding allocated through this NCA is for the purposes of expanding/enhancing existing projects or beginning an entirely new project.

## Budget

**Q7:** In our budgets, do you want us to include the current PESC project money as well as the expansion dollars, or just the new expansion dollars only?

**A7:** Please include only the new expansion dollars in the budget.

**Q8:** If we are proposing two separate projects do we need two needs and capacity assessments and budgets?

**A8:** Yes, two separate projects (also referred to as "services" in the NCA), would require that you complete Section II A--F for *each* proposed project as per the NCA. This would also be required even if providing the same project in more than one county due to continuity of care variances from county to county. Please also note that you would need to submit a budget for FY16 and FY17 for *each* proposed project.

## Match

**Q9:** Are we able to use the value of GR funded crisis services we provide through our DSHS-funded Mental Health contract as in-kind match?

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**A9:** No, the match must be community funded. DSHS General Revenue cannot be used as a match for another contract with DSHS.

**Q10:** Please explain in more detail what funds can be used for the 25% local match (cash and/or in-kind).

**A10:** The match is the portion of costs of a federally or state assisted project or program not born by the federal or state government. Sources of match funds may include contributions from local sponsoring entities, foundations, or grants. If a Community Center contributes unobligated funds that meet this definition (including Center reserves), these dollars may be considered an allowable in-kind match. Centers should consider whether the dollars contributed are a sustainable form of match. As always, the Community Center must ensure it maintains an adequate fund balance for emergencies.

**Q11:** Is it permissible to use 1115 Transformation Grant money for this match?

**A11:** No, 1115 Transformation Grant Money is federal money and the match must come from the community.

**Q12:** If our organization is purchasing or leasing a building to establish a Crisis Respite program can the purchase price or the lease price be used for this match?

**A12: Facility Purchase:** Since the primary purpose of this program/these programs will not be acquisition of property, DSHS will only allow depreciation to be used as match. If use of depreciation as match is desired, then the center can locate the rules regarding its use in Uniform Grant Management Standards, Attachment B, selected item of cost #16. Community centers are funded in large part by DSHS, and DSHS funds may have been used to acquire many of the community centers' facilities, each center should be aware that the computation of depreciation will exclude: (1) the cost of land; (2) Any portion of the cost of buildings and equipment borne by or donated by the Federal Government or state irrespective of where title was originally vested or where it presently resides; and (3) Any portion of the cost of buildings and equipment contributed by or for the governmental unit, or a related donor organization, in satisfaction of a matching requirement.

**Facility Lease:** DSHS will allow for lease expenses, not reimbursed/paid by DSHS, to count toward match. This type of expense represents cash match, which is defined as an expenditure of cash by the contractor on allowable costs of the DSHS Program Attachment that are borne by the contractor.

**Q13:** Can the indirect General and Administrative costs of the LMHA be used as match?

**A13:** DSHS can allow for indirect costs, not reimbursed/paid by DSHS, to be included as part of match requirements. DSHS generally requires prior approval for this, and the indirect costs associated with the program must have some sort of allocation basis that can be tested by auditors or financial reviewers. These costs, which if approved will represent cash match, should be recorded in the same cost center as costs that are reported and reimbursed by DSHS or in a separate cost center or series of unique accounts (e.g., in the General Fund) that together comprise the total cash expenditures on the program.

**Q14:** If the Center is using an already owned building, can a building use fee be charged?

**A14:** Since the primary purpose of this project (s) will not be acquisition of property, DSHS will only allow depreciation to be used as match. If use of depreciation as match is desired, then the center can locate the rules regarding its use in UGMS Attachment B, selected item of cost #16. Community centers are funded in large part by DSHS, and DSHS funds may have been used to acquire many of the community centers' facilities. Each center should be aware that the computation of depreciation will exclude: (1) the cost of land; (2) any portion of the cost of buildings and equipment borne by or donated by the Federal Government or state irrespective of

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## **Acceptable Proposals**

**Q15:** Can money be used for capital improvements?

**A15:** Building alterations, renovations, or repairs that are specific to the creation, expansion, or enhancement of a PESC or Project are allowable costs under this NCA. LMHAs are responsible for assuring compliance with 411.310 of Chapter 411, Subchapter G of TAC and Information Item V. Funds distributed under this NCA are not intended to be used for construction of new buildings.

**Q16:** Why will DSHS not allow for the construction of new buildings?

**A16:** There are additional requirements, including approval processes, associated with construction and completion of a new building, which may pose challenges for completion within the biennium.

**Q17:** Are you considering youth and what is the age bracket?

**A17:** Yes, DSHS considers youth as a target population and the age range is 3-17.

**Q18:** How does DSHS define "Continuity of Care" or "enhanced Continuity of Care" for these expanded services? The term "continuity of care" can take on different meanings in different clinical contexts. Is there a set definition you're following (e.g. a TAC?)

**A18:** Projects may be submitted pertaining to Continuity of Care in accordance with 25 TAC 412, Subchapter D.

## **General**

**Q19:** Does the 15 page limit include the project budget?

**A19:** No, the 15 page limit does not include the project budgets. The FY16 and FY17 budgets are separate documents.

**Q20:** Can you provide some distinction between a CSU and Rapid Crisis Stabilization?

**A20:** Crisis stabilization units provide 24/7 short-term residential treatment and are licensed in accordance with the Health and Safety Code (HSC) Chapter 577 and 25 TAC, Chapter 134, Subchapters A-G relating to Private Psychiatric Hospitals and Crisis Stabilization Units and Chapter 411, Subchapter M relating to Standards of Care and Treatment in Crisis Stabilization Units.

Rapid crisis stabilization are hospital services provided in licensed hospitals in accordance with HSC Chapter 577 and 25 TAC, Chapter 134, Subchapters A-G relating to Private Psychiatric Hospitals and Crisis Stabilization Units and Chapter 411, Subchapter J relating to Standards of Care and Treatment in Psychiatric Hospitals.

***Generally, individuals with higher acuity are served in rapid crisis stabilization beds. In addition, Local Mental Health Authorities subcontract with licensed hospitals to provide rapid crisis stabilization beds, whereas, a CSU may be operated by the LMHA.***

**Q21:** I understand CSU's are licensed, but are they licensed as inpatient facilities?

**A21:** CSUs are licensed as inpatient facilities.

**Q22:** Can CSU's accept court-ordered commitments?

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**A22:** The Standards of Care and Treatment in Crisis Stabilization Units are located in 25 TAC, Chapter 411, Subchapter M. In accordance 25 TAC 411.611, a CSU may admit an individual under a protective custody order only if a court has issued a protective custody order in accordance with Texas Health and Safety Code, 574.022. In accordance with TAC 411.608, CSUs may not accept individuals on an order for temporary or extended mental health services (See also HSC Chapter 574).

**Q23:** How long can someone be held involuntarily in a CSU?

**A23:** 25 TAC 411.633 indicates:

(a) Discharge from emergency detention.

(1) Except as provided by §411.613 of this title (relating to Voluntary Treatment Following Involuntary Admission) and in accordance with Texas Health and Safety Code, §573.023(b) and §573.021(b), a CSU shall immediately discharge a patient under emergency detention if either of the following occurs:

(A) the administrator or the administrator's designee determines, based on a physician's determination, that the patient no longer meets the criteria described in subsection §411.610(c)(1) of this title (relating to Emergency Detention); or

(B) except as provided in paragraph (2) of this subsection, **24 hours** elapse from the time the patient was presented to the CSU and the CSU has not obtained a court order for further detention of the patient.

(2) In accordance with Texas Health and Safety Code, §573.021(b), if the 24-hour period described in paragraph (1)(B) of this subsection ends on a Saturday, Sunday, or legal holiday, or before 4:00 p.m. on the next business day after the patient was presented to the CSU, the patient may be detained until 4:00 p.m. on such business day.

(3) In accordance with Texas Health and Safety Code, §573.021(b), the 24-hour period described in paragraph (1)(B) of this subsection does not include any time during which the patient is receiving necessary non-psychiatric medical care in the CSU.

**Q24:** Does Medicaid cover services in a Crisis Stabilization Unit or will we be relying solely on general revenue for funding?

**A24:** Some services provided may be reimbursable through Medicaid to include, but not limited to the following: psychosocial rehabilitation, skills training and development, rehabilitative crisis intervention services, day programming for acute needs, pharmacological management, individual psychotherapy, and psychiatric diagnostic interviews.