

**Substance Abuse Service Expansion  
Competing Supplement  
Frequently Asked Questions  
HRSA-16-074**

This document provides the answers to frequently asked questions (FAQs) about the fiscal year (FY) 2016 Substance Abuse Service Expansion competing supplement (HRSA-16-074). This document will be updated as necessary, so please check frequently for new versions on the Substance Abuse Service Expansion technical assistance Web page is available at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html>.

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## General Information

**1. What is the purpose of the Substance Abuse Service Expansion funding opportunity?**

The purpose of this funding opportunity is to improve and expand the delivery of substance abuse services at existing health centers, with a focus on provision of health center-funded Medication-assisted Treatment (MAT) for opioid use disorders.

**2. What is the deadline for submitting the Substance Abuse Service Expansion application?**

Applications will be submitted in two phases. See page 5, of the funding opportunity announcement (FOA) for additional information.

- Phase 1 – Grants.gov: September 28, 2015 (11:59 p.m. ET)
- Phase 2 – HRSA Electronic Handbooks (HRSA EHBs): October 14, 2015 (5:00 p.m. ET)

**3. What is the primary difference between this Substance Abuse Service Expansion funding opportunity and the FY 2014 Behavioral Health Integration (BHI) funding opportunity?**

While the BHI funding opportunity was focused on expanding mental health and/or substance abuse services through an integrated primary care-behavioral health model,

the Substance Abuse Service Expansion funding opportunity is focused specifically on expanding substance abuse services, primarily through health center-funded MAT for treating opioid use disorders.

## Eligibility

**4. What organizations are eligible for the Substance Abuse Service Expansion funding opportunity?**

The Substance Abuse Service Expansion funding opportunity is open to all current Health Center Program award recipients, **except** those that received initial Health Center Program grant funding in FY 2015 as a new start/new award recipient (via a New Access Point (NAP), Service Area Competition, or Service Area Competition—Additional Area grant award). Health centers that received NAP satellite awards in 2015 are eligible.

**5. Is a Health Center Program award recipient applying for Service Area Competition (SAC) in FY 2016 eligible to apply to the Substance Abuse Service Expansion funding opportunity?**

Yes.

**6. Are Behavioral Health Integration (BHI) and Expanded Services award recipients eligible to apply to the Substance Abuse Service Expansion funding opportunity?**

Yes. Substance Abuse Service Expansion eligibility is independent of previous BHI or Expanded Services funding.

**7. Is an applicant required to be designated as a substance abuse or methadone clinic to be eligible for this funding?**

No.

**8. If a health center already has substance abuse services marked in Form 5A Columns I and II, indicating that these services are in the current scope of project, are any changes required to be eligible for funding?**

No. The eligibility criterion is that the applicant must currently provide or propose to provide substance abuse services either directly or through contract, as demonstrated in Form 5A, Column I or II. An applicant that already has substance abuse services marked in Columns I and II meets the eligibility requirement with no changes required to Form 5A. However, the applicant would still need to propose through the Project Narrative and Project Work Plan the expansion of substance abuse services.

**9. Can a subcontractor/subrecipient apply for Substance Abuse Service Expansion supplemental funding?**

No. Only Health Center Program award recipients (grantees of record) are eligible to apply for this funding opportunity. However, if a subcontractor/subrecipient-operated site is included in an award recipient's approved scope of project (i.e., are listed on Form 5B), Substance Abuse Service Expansion funding may support the addition of new staff

and/or services at the subcontractor/subrecipient-operated site. In this scenario, health centers should update agreements with subcontractors/subrecipients accordingly.

**10. Are award recipients required to have Patient Centered Medical Home (PCMH) recognition in order to apply for Substance Abuse Service Expansion supplemental funding?**

No. Although PCMH recognition is an important acknowledgement of integrated primary care and behavioral health services, PCMH recognition is not required.

## **Project Requirements**

**11. What services are eligible for initiation/expansion through this funding?**

Services that can be modified via Form 5A include substance abuse services (which include MAT); mental health services; enabling services; and psychiatry. Specific information can be found in Table 2 of Appendix B within the FOA.

**12. What substance abuse services staff positions can be supported with Substance Abuse Service Expansion funding? Could an addictions counselor be hired?**

Substance abuse service providers may include substance abuse workers, psychiatric nurses, psychiatric social workers, mental health nurses, clinical psychologists, clinical social workers, family therapists, and other individuals providing counseling and/or treatment services related to substance abuse. In addition, funding can be used to hire addictions counselors, peer counselors, and peer mentors, among other staff whose principal function is the provision of substance abuse services. Details about how personnel will be reported by major service category are provided in the 2014 Uniform Data System (UDS) Manual available at <http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf>.

**13. Can Substance Abuse Service Expansion funds be used to deliver a specialty service?**

To the degree required to support the proposed project, Substance Abuse Service Expansion funds may be used to add or expand psychiatry services. Psychiatry is the only eligible specialty service under this funding opportunity.

**14. May the Substance Abuse Service Expansion project focus on a specific subset of people that might have opioid use disorders, for example pregnant women addicted to opioids?**

A focus on a specific population is allowed, but the expanded services must be available to all patients.

**15. Do expanded substance abuse services have to be provided at each site in the health center's scope of project?**

No, expanded substance abuse services (e.g., MAT) do not need to be provided at each site, as long as all patients have access to the expanded services. Funding may be used to support expanded enabling services as needed to ensure this access.

**16. What are the requirements for the provider(s) that fulfill(s) the minimum 1.0 FTE substance abuse service provider?**

The provider must be a new substance-abuse provider or a combination of new part-time substance abuse providers equivalent to 1.0 FTE. Applicants are **not** required to add a physician that will be trained and credentialed to prescribe buprenorphine to fulfill the 1.0 FTE new substance abuse provider minimum. Applicants are encouraged to train and credential current physicians to become MAT providers.

**17. Does the 1.0 FTE substance abuse provider(s) need to be onsite?**

The new substance abuse provider requirement can be met through the addition of one or multiple substance abuse providers in combination to meet the 1.0 FTE threshold. As such, one or more of the providers may be onsite at a HRSA-approved service site or supported through a service contract at a community provider location other than a site in scope. Please see Scope of Project references available at <http://bphc.hrsa.gov/programrequirements/scope.html> to assist in determining whether locations where services are provided meet the conditions for adding a service site to the HRSA-approved scope of project.

**18. Can a site be added to the scope of a Health Center Program grant through the Substance Abuse Service Expansion funding opportunity?**

No. The Substance Abuse Service Expansion funding opportunity cannot be used as the mechanism to add a site to the scope of a Health Center Program grant. Health centers may submit a proposal at any time using the BHCMIIS Change in Scope (CIS) module, even during the application phase for this funding opportunity. Services can only be proposed at sites in scope or contracted service locations not meeting the site threshold.

**19. Can a contracted substance abuse services provider deliver services from a location that does not meet the definition of a Form 5B: Service Site?**

Yes. Contract provisions to deliver substance abuse services (MAT and/or counseling services) on behalf of the health center may include seeing patients on an irregular schedule rather than on a regularly scheduled basis, which is a key criterion for defining a health center Service Site. However, such services must be appropriately documented on Form 5A: Service Provided, Column II, and such contracts for services must address documentation in the patient record and payment to the provider for the services provided on the health center's behalf.

**20. We don't have providers who are trained and credentialed to provide MAT. Can we propose other, evidence-based treatment services instead of MAT?**

Applicants must provide access to MAT for opioid use and other substance use disorders. Applicants may do so via their MAT-credentialed physicians, training and credentialing their own physicians to provide MAT, or contracting with another MAT-credentialed organization/provider. Health centers may provide access to other evidence-based treatments *in addition* to MAT.

**21. Does this funding opportunity require MAT to include methadone?**

No. The only requirement for the pharmacotherapies used in MAT supported through the Substance Abuse Service Expansion FOA is that they be FDA-approved for MAT (e.g., methadone, naltrexone, buprenorphine products including buprenorphine/naloxone combination, and buprenorphine mono-product formulations). Use of these medications must occur consistent with federal statutes and regulations. The proposed MAT approach is expected to address the needs described in the Project Narrative, in alignment with the requested resources and proposed activities.

**22. Does every projected new patient have to receive MAT services?**

No. The need for MAT services should be determined through an evidence-based process, such as Screening, Brief Intervention, and Referral to Treatment, based on individual patient needs.

**23. What resources are available to help us plan and implement a MAT program at our health center?**

Applicants are encouraged to visit the Provider's Clinical Support System for MAT Training at <http://pcssmat.org/samhsa-medication-assisted-treatment-a-standard-of-care/> to learn more about MAT. On Tuesday, September 8, at 2:00 p.m. ET, HRSA will hold a webinar to highlight federal resources to support use of MAT in opioid use disorders. See the Substance Abuse Service Expansion technical assistance Web page at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html> for details, including a recording of the webinar.

**24. Does the service area map have to include all substance abuse providers in the service area, or can I focus only on those substance abuse providers that serve our target population?**

Applicants must upload a service area map that indicates the applicant's sites along with the locations of other substance abuse providers in the service area that serve the same target population, including other Health Center Program award recipients and look-alikes, critical access hospitals, health departments, rural health clinics, and community behavioral health clinics/centers. Applicants should further describe the substance abuse providers in the service area in the Project Narrative: Need section.

**25. May I propose goals other than the required and optional goals listed in the FOA?**

No. Applicants must include all of the **required** goals in their Project Work Plans and may propose to address one or more of the **optional** goals listed in the FOA, if they choose. No additional goals may be proposed.

## Application Development

**26. Where can I access the Substance Abuse Service Expansion application instructions?**

The Substance Abuse Service Expansion funding opportunity announcement (FOA) and application package are available at <http://www.grants.gov/>. Search using the announcement number HRSA-16-074.

**27. How should Substance Abuse Service Expansion applicants respond to questions 1 and 2 on the SF-424?**

For question 1: Type of Submission, applicants should select "Application". For question 2: Type of Application, applicants should select "Revision". Select "Other" in the dropdown menu, then type "Supplemental" and your existing Health Center Program grant number (H80CSXXXX) in the Specify box.

**28. When can applicants begin the HRSA EHBs submission process?**

Only applicants who successfully submit an application in Grants.gov (Phase 1) by the due date may submit the additional required information in HRSA EHBs (Phase 2). The Authorizing Official Representative(s) registered in Grants.gov will be notified by email after successful submission in Grants.gov that the applicant may access the HRSA EHBs to submit the required supplemental application components.

**29. What is the page limit for Substance Abuse Service Expansion applications?**

There is a 50-page limit on the length of the total application when printed by HRSA. For information on what is included in the page limit, see "Section IV: Application and Submission Information" of the FOA. Please note that applications that exceed this page limit will be deemed non-responsive and not sent for review.

**30. Does HRSA have formatting guidelines (e.g., font type, font size) or upload requirements for attachments such as the Project Narrative and Budget Justification Narrative?**

Yes. Attachments should be single-spaced narrative documents with 12-point, easily readable font (e.g., Times New Roman, Arial, Courier) and 1-inch margins. Smaller font (no less than 10-point) may be used for tables, charts, and footnotes.

**31. How will applicants be notified if their application was not successfully submitted in Grants.gov and/or HRSA EHBs?**

Applicants should monitor their e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov. Errors in the Grants.gov application materials must be corrected and the application must be successfully resubmitted prior

to the due date/time, so early initial submission is encouraged. In HRSA EHBs, all validation errors must be resolved before the application can be submitted to HRSA by the Authorized Official (AO) registered in HRSA EHBs. For more information see HRSA's *SF-424 Two-Tier Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424programspecificappguide.doc>.

**32. Are there any recommended sources of data for the Project Narrative: Need section?**

Applicants can use any available data to describe the need in the service area. This could include extrapolation from state/county data as well as health center data, local surveys, or focus groups. The following data sources may also be useful:

- Community Health Status Indicators (<http://wwwn.cdc.gov/CommunityHealth/HomePage.aspx>)
- SAMHSA National Survey on Drug Use and Health (<https://nsduhweb.rti.org/respweb/homepage.cfm>)
- CDC WONDER (<http://wonder.cdc.gov>)

## Project Work Plan

**33. How should the Project Work Plan be submitted?**

The Project Work Plan will be completed in the HRSA EHBs application phase as instructed in Appendix A of the FOA. A sample work plan is available at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html>.

**34. Should the Project Work Plan cover one year or both years of the proposed project?**

The Project Work Plan must describe the activities for the two-year project (March 1, 2016 – February 28, 2018).

## Budget Presentation

**35. What is the maximum federal funds request allowed for the Substance Abuse Service Expansion funding opportunity?**

Federal funding requests cannot exceed \$325,000 per year in Years 1 or 2 (maximum of \$325,000 for each year).

**36. Are there activities that are ineligible for Substance Abuse Service Expansion funding?**

Yes. See the HHS Grants Policy Statement available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf> for details on allowable and unallowable costs. Examples of unallowable uses of Substance Abuse Service Expansion funds include incentives, fundraising, lobbying, construction/renovation costs, facility or land purchases, or vehicle purchases.

**37. Can funding to support Healthcare for the Homeless be added through the Substance Abuse Service Expansion application?**

No. The Substance Abuse Service Expansion funding opportunity cannot be used to add a Health Center Program special population. Applications must be consistent with all current Health Center Program funding streams and budgets must request funds in the same proportion as the current Health Center Program grant. Discuss interest in requesting a new special population with your Project Officer.

**38. Should the budget presentation include non-federal funding (i.e., other program funding to represent the cumulative funding required for project implementation)?**

The Health Center Program is a total budget program, so to the extent that other funding will support the Substance Abuse Service Expansion project, it must be included in the budget presentation.

**39. What costs are allowable under the Substance Abuse Service Expansion funding opportunity related to electronic health records (EHR) and telebehavioral health systems?**

Substance Abuse Service Expansion funding can be used to optimize or upgrade your existing EHR system as required to implement the proposed project. Applicants may make a one-time funding request of up to \$25,000 of Year 1 funding to support the purchase of moveable equipment, including EHR and telebehavioral health equipment. EHR-related provider licensing costs are also allowable and should be included in the Other cost category, not under Equipment.

**40. Is there a limit to the amount that could be spent on training (e.g., MAT; Screening, Brief Intervention, and Referral to Treatment (SBIRT))?**

No, though training expenses are expected to be aligned with the needs identified and activities proposed in the Project Narrative.

**41. Can Substance Abuse Service Expansion funds be used to offset medication costs?**

Yes. Substance Abuse Service Expansion funds may be used for medications to the extent that such activity is allowed under the Health Center Program grant and supports the Substance Abuse Service Expansion activities. Health centers are expected to leverage other existing resources to support medication adherence, such as the 340B program.

**42. Can Substance Abuse Service Expansion funds be used for recruitment bonuses to improve our success in securing substance abuser service providers?**

Yes. Recruitment bonuses used to recruit relevant providers may be part of the providers' salary package, if consistent with the applicant organization's standard practice.

**43. Can Substance Abuse Service Expansion funds be used for recruitment fees charged as a result of hiring/contracting with a recruitment firm to assist with recruiting providers for this project?**

Yes. If an applicant organization contracts with an outside recruitment agency to hire an appropriate providers as part of the Substance Abuse Service Expansion funded project, that cost or fee would be allowable.

**44. Is there a required format for the Budget Justification Narrative?**

The Budget Justification Narrative is one MS Word or Excel file that will be uploaded in the Budget Narrative Form section in HRSA EHBs. Both the line item information and narrative justification should be provided in the same file/document. The Substance Abuse technical assistance Web page, available at <http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html>, includes an abbreviated sample document, but you may provide the Budget Justification Narrative in another format as long as all required information is included.

**45. How much information is required on staff supported with non-federal funding in the Budget Justification Narrative?**

Applicants can reference Form 2: Staffing Profile as justification for staff supported with non-federal funding.

**46. Who can I contact for specific questions about budget preparation, including eligible costs?**

Contact Joi Grymes-Johnson in HRSA's Division of Grants Management Operations, 301-443-2632 or [jgrymes@hrsa.gov](mailto:jgrymes@hrsa.gov).

## Program Specific Forms

**47. What forms are completed in the HRSA EHBs Program Specific Forms section?**

In the HRSA EHBs Program Specific Forms section, applicants will complete funding opportunity-specific forms, as described in "Section IV.2.v: Funding Opportunity-Specific Forms" and Appendices A and B in the FOA. These forms are: Project Work Plan, Form 1A, Form 2, Form 5A, Supplemental Information Form, and if applicable, Equipment List.

**48. How should I report "Patients and Visits by Service Type" projected by December 31, 2017, on Form 1A?**

For the Patients and Visits by Service Type section of Form 1A, applicants must project the number of patients anticipated to receive services in calendar year 2017 within the relevant service type categories: mental health, substance abuse, and enabling services, along with their associated visits.

Patient projections must include the number of patients that will receive services from January 1, 2017 – December 31, 2017 who are: (1) current patients who will continue to receive each specified service; (2) existing patients not currently receiving each specified

service that will receive it as a direct result of this funding; and (3) new patients that will receive each specified service as a direct result of this funding. To be eligible, applications must propose an increase in the number of patients and visits for substance abuse services compared to the baseline values pre-populated from the 2014 UDS data.

Within each relevant service type category an individual can only be counted once as a patient. An individual who receives multiple types of services should be counted once for each service type (e.g., once for mental health and once for substance abuse services).

**49. How should I report “Unduplicated Patients and Visits by Population Type” on Form 1A?**

For the **Unduplicated** Patients and Visits by Population Type section of Form 1A, applicants must categorize by population type the new patients and visits projected by December 31, 2017 as a result of Substance Abuse Service Expansion funding. Across all population type categories, an individual can only be counted once as a patient.

The patient projection **should not include** (should not duplicate) current health center patients. As a point of reference, patient and visit data from your 2014 UDS report will be pre-populated in the current/baseline columns.

The patient projection **should include only** the new patients (new to the health center) projected to receive care as a result of this funding in calendar year 2017 (January 1, 2017 – December 31, 2017).

**50. Are there requirements for the number of new unduplicated patients proposed on Form 1A?**

Based on identified needs in the patient and service area population, it is permissible to focus on increasing services to current patients. Consequently, there is no minimum number of new unduplicated patients required for the Substance Abuse Service Expansion funding opportunity. When developing your new unduplicated patient projection, remember this funding opportunity’s focus on expanding MAT services.

**51. How should physicians hired to provide MAT services be presented on Form 2?**

If a part-time physician is hired to meet the prescribing requirements for MAT due to lack of capacity to train and certify a current physician, the newly hired part-time physician should be classified as a Substance Abuse Provider on Form 2.

**52. What information is captured on the Supplemental Information Form?**

The Supplemental Information Form will capture projected SBIRT patient data as well as details about the proposed new substance abuse service provider staff.

**53. How is SBIRT defined for the purposes of this FOA?**

Consistent with the 2014 UDS Manual, SBIRT is defined by patient encounters with one of two current procedural terminology (CTP) codes:

- CPT 99408 - Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes in duration
- CPT 99409 – Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 min in duration

The SBIRT service goal presented on the Supplemental Information Form should be realistic and achievable considering the pre-populated 2014 UDS baseline value and the strict CPT code definitions.

In the Project Narrative and Project Work Plan, applicants may describe activities and outcomes involving SBIRT that use a broader definition of SBIRT (e.g., one that is less specific regarding duration).

**54. How would a health center receiving both BHI and Substance Abuse Service Expansion funding track and report SBIRT services offered under each award?**

Health Center Program award recipients report all SBIRT services in aggregate on the UDS Annual Report.

## Award Information and Reporting Requirements

**55. When will Substance Abuse Service Expansion funds be awarded?**

HRSA anticipates awarding funds on or around March 1, 2016.

**56. How many Substance Abuse Service Expansion grants does HRSA intend to award?**

HRSA expects to award approximate 310 supplemental grants of up to \$325,000 each in Year 1.

**57. What is the length of the project?**

The Substance Abuse Service Expansion application should cover a 2-year period. Dependent upon Congressional appropriation and satisfactory performance, these supplemental awards will become part of each award recipient's ongoing base funding to ensure that the expanded substance abuse services are sustained.

**58. What are the reporting requirements for the Substance Abuse Service Expansion award?**

Award recipients will describe progress toward achieving stated goals via quarterly progress reports and annual updates through their Budget Period Progress Report (BPR). In addition, their annual UDS data will permit monitoring progress toward the following goals/projections identified in this application: increased number of FTE substance abuse services providers, increased number of patients receiving substance abuse services,

increased number of visits for substance abuse services, and increased number of patients receiving SBIRT services.

**59. Health Center Program award recipients with 5 or more active 60-day conditions or 1 or more active 30-day conditions will not receive Substance Abuse Service Expansion supplemental funding. Does this include all conditions, including scope verification and construction/alteration-related conditions?**

Only progressive action conditions related to Health Center Program requirements will be considered when determining if applicants are able to receive a Substance Abuse Service Expansion award. Scope verification and construction/alteration-related conditions are not included. Contact your Project Officer with questions regarding the current status of your grant and grant conditions.

## Technical Assistance and Contact Information

**60. Who should I contact with programmatic questions concerning the Substance Abuse Service Expansion submission requirements and process?**

Refer to the Substance Abuse Service Expansion technical assistance page <http://bphc.hrsa.gov/programopportunities/fundingopportunities/substanceabuse/index.html> for technical assistance webinar presentation slides and recording, answers to FAQs, and samples of the funding opportunity-specific forms, among other resources. Applicants may also contact staff in the Bureau of Primary Health Care's Office of Policy and Program Development at [bphcsa@hrsa.gov](mailto:bphcsa@hrsa.gov) or 301-594-4300.

**61. Who should I contact with budget-related questions?**

Contact Joi Grymes-Johnson in HRSA's Division of Grants Management Operations, 301-443-2632 or [jgrymes@hrsa.gov](mailto:jgrymes@hrsa.gov).

**62. If I encounter technical difficulties when trying to submit my application in Grants.gov who should I contact?**

For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week (excluding federal holidays) at 1-800-518-4726, or [support@grants.gov](mailto:support@grants.gov). Register or update your SAM account as early as possible since registration may take up to one month and lack of registration will impact Grants.gov registration/access.

**63. If I encounter technical difficulties when trying to submit my application in HRSA EHBs who should I contact?**

Contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding federal holidays) at 1-877-974-2742 or <http://www.hrsa.gov/about/contact/bphc.aspx>.