HRSA Electronic Handbooks (EHB)

Fiscal Year (FY) 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Supplemental Funding Opportunity

User Guide for Applicants

Last updated on: June 12th, 2018

Contents

This user guide describes the steps you need to follow to apply for Fiscal Year (FY) 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) supplemental funding in HRSA's Electronic Handbooks (EHB) (Announcement number HRSA-18-118).

1. Creating the SUD-MH Application

You will need a web link and an eligibility code to create your SUD-MH application in EHB. The link and the eligibility code will be emailed to the individuals listed as Authorizing Official (AO), Business Official (BO), and Project Director (PD) in your EHB Health Center Program operational (H80) grant folder.

1. Click the web link provided to you in the email notification sent by HRSA. The system directs you to EHB.
2. Enter your EHB username and password, and click the **[Login]** button.
   Note: If you do not have a username, then you must register in EHB. Do not create duplicate accounts. If you experience login issues or forgot your password, contact the HRSA Contact Center for assistance at: https://www.hrsa.gov/about/contact/ehbhelp.aspx or 877-464-4772 (Monday-Friday, 8 a.m. to 8 p.m. ET)
3. On the resulting **Grant Application – Create** page, enter the 4-digit Eligibility Code provided in the email notification sent by HRSA (**Figure 1**, **1**).

<p align="center">**Figure 1: Grant Application – Create Page**</p>

4. Select "Revision (Supplemental)" as the Application Type (**Figure 1**, **2**).
5. Select "Increase" as the Revision Type (**Figure 1**, **3**).
6. Provide the H80 grant number under which you are submitting your SUD-MH application (**Figure 1**, **4**).
7. Click the **[Continue]** button (**Figure 1**, **5**).
➢ The system navigates to the **Select Sub Program(s)** page where your H80 grant's sub-programs will be pre-selected. Health Center Program sub-program funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC) (**Figure 2**).
8. Ensure that the sub-program selection on this page is accurate. If the sub-programs do not align with your current H80 grant, adjust the sub-program selections as needed. Contact the SUD-MH technical

assistance team at sud-mh@hrsa.gov if you have questions about the H80 sub-program breakdown included in the email notification you received.

Note: SUD-MH supplemental funding must be requested in the same sub-program funding proportion as the existing H80 grant funding.

Figure 2: Select Sub Program(s) Page

9.   Click the **[Continue]** button on this page.
➢ The system creates the SUD-MH application and displays the EHB Application Tracking Number.
10. Record the EHB Application Tracking Number and click the **[Continue]** button to start the application.
➢ The system navigates to the **Application – Status Overview** page.

2. Completing the Standard Section of the Application

For all Standard section forms, most required fields will be pre-populated with your organization's information. Review the information and update as needed.

1. On the **Application – Status Overview** page, click the **Update** link and complete **Parts 1** and **2** of the **SF-424** (**Figure 3**, **1**).

Figure 3: Application – Status Overview Page

Note:
•   For **Parts 1** and **2** of the **SF-424**, applicants are only required to complete the sections indicated as * required for completion.

- If you need to include additional congressional districts when completing the "Congressional Districts" fields, you may upload an attachment with the relevant information by clicking on the **[Attach File]** button on the "Additional Program/Project Congressional Districts" line.
- The "Project Description/Abstract" attachment is not required for the SUD-MH application, but the EHB system requires at least one attachment. You may upload a blank document or, if desired, you may upload a one-page table that demonstrates the relationship between your proposed goals, activities, resources, and purchases. An example is available on the SUD-MH technical assistance website. Submission of a table is optional.

2. Once you have completed the **SF-424 Parts 1** and **2**, proceed to the **Budget Information - Section A-C form**. You can navigate there by clicking on the **[Save and Continue]** button on the **SF-424 – Part 2** form, or by returning to the **Application – Status Overview** page and clicking on the **Update** link for the **Section A-C** under the **Budget Information** section (**Figure 3**, **2**).

Figure 4: Budget Information – Section A-C

3. On the **Budget Information - Section A-C Form**, if you need to adjust the listed sub-program(s), click on the **[Update Sub Program]** button under the **Section A – Budget Summary** section (**Figure 4**, **1**).

4. Click on the **[Update]** button on the **Section A – Budget Summary** section to add the **New or Revised Budget** amounts, federal and non-federal, as applicable (**Figure 4**, **2**). Federal budget amounts must be requested in the same sub-program funding proportions as your existing H80 grant.

    Note:
    - HRSA emailed you the total maximum federal SUD-MH funding amount that you may request for year 1 divided by your current H80 grant sub-program funding proportions.
    - The total amount of federal funds requested for year 1 should include both expanded services (base of up to $100,000 and additional medication-assisted treatment (MAT) funding, as applicable) and one-time funding (up to $150,000).
    - Note that this form is the only budget form in the SUD-MH application where you will include only year 1 of your funding request.
    - Leave the Estimated Unobligated Funds columns blank.

5. Once you have completed the **Budget Information – Section A-C Form,** click the **[Save and Continue]** button (**Figure 4**, **3**) to proceed to the **Assurances Form**.

6. Complete the **Assurances Form** and click on the **[Save and Continue]** button to navigate to the **Appendices Form**.

7. Complete the **Appendices Form** by uploading the required Budget Narrative.

   Note:
   - Provide a 2-year Budget Narrative that outlines federal and non-federal costs (including program income, if any) for year 1 (9/1/2018 to 8/31/2019) and year 2 (9/1/2019 to 8/31/2020) separately.
   - Refer to the sample Budget Narrative available on the SUD-MH technical assistance website for guidance and details on each object class category.
   - When the application is printed by HRSA, documents will print as they are formatted by the applicant. **Applicants are encouraged to limit Excel documents to one spreadsheet only (i.e., one tab in the workbook) and to make sure that the print area is set to the information that must appear in the Budget Narrative.**
   - Use an easily readable font (no less than a 10-point font) with 1.0-line spacing.
   - The allowable types of files for upload are doc, rtf, txt, wpd, pdf, xls, msg, jpg, jpeg, tif, xfd, xlsx, docx, ppt, pptx, and vsd. The maximum allowable size for each attachment is 100 MB.

8. Click on the **[Save and Continue]** button to navigate to the Program Specific Information section of the application.

3. Completing the Program Specific Information Section of the Application

The SUD-MH application includes the following Program Specific forms:

- **Federal Object Class Categories (FOCC) Form**
- **Project Overview**
- **Project Impact**
   - **Staffing Impact**
   - **Patient Impact**
   - **Supplemental Information**
- **Equipment List Form** (as applicable)

These six forms are accessible via the Program Specific Information left menu (**Figure 5**: **Program Specific Information Left Menu**, **1**). Navigate back to the Standard section of the application as needed via the All Forms section of the left menu (**Figure 5**: **Program Specific Information Left Menu**, **2**). This section contains links to the **Appendices**, **Status Overview**, and **Submit** sections of the Standard application. Also, to edit any of the forms above use the "Update" button on the **Status Overview** page (**Figure 6**,**1**).

- For example, if you need to adjust your year 1 federal funding request on the SF-424A Budget Information Form, you can navigate back to it by clicking on Appendices (**Figure 5**: **Program Specific Information Left Menu**, **2**) and then expanding the left menu to show all the standard side forms and then selecting Section A-C and making the relevant changes.

Figure 5: Program Specific Information Left Menu
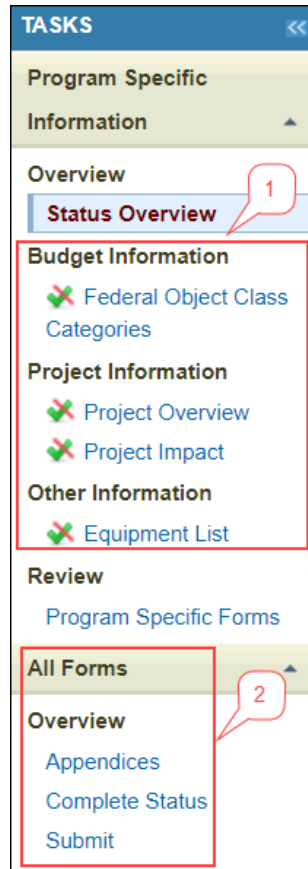
Figure 6: Program Specific Information Status Section

3.1 Completing the Federal Object Class Categories Form

1. In the **Budget Categories** section, enter the federal and non-federal amounts for each Object Class Category (e.g., Personnel, Equipment, Contractual) (**Figure 7: Federal Object Class Categories Form**, **1**) for year 1 and year 2. Ensure that the totals in line k are equal to the respective federal and non-federal amounts displayed under the **Total Proposed Budget** section of the form (**Figure 7: Federal Object Class Categories Form**, **3**).

Figure 7: Federal Object Class Categories Form

Note:

- Enter zero ("0") if you do not wish to request funds for a category. No categories may be left blank.
- You may propose to use one-time funding toward costs that will support service expansion activities, including equipment and/or minor alterations and renovations (A/R) costs, in year 1 only. Enter minor A/R costs on the Construction line (row g).
- The year 1 federal amount for the Equipment and Construction rows combined may not exceed your one-time funding request amount (up to $150,000).
- If federal funding is requested in the "Equipment" line item of this form (**Figure 7: Federal Object Class Categories Form**, **2**), you must also complete the **Equipment List Form**. If SUD-MH funding will not be used for equipment costs, the **Equipment List Form** cannot be edited.
    a. Equipment is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or $5,000.
    b. Equipment that does not meet the $5,000 threshold listed above should be included in the "Supplies" line (row e).

- Your total year 1 federal request (row k) should include both expanded services (base of up to $100,000 and additional MAT funding, as applicable) and one-time funding ($150,000).
- Your total year 2 federal request (row k) should include expanded services (base of up to $100,000 and additional MAT funding, as applicable).
2. Click on the **[Save and Continue]** button to proceed to the **Project Overview Form**.

3.2 Completing the Project Overview Form

On the **Project Overview Form**, you will complete the federal funding request, evidence based strategies, and project narrative sections. To complete this form, follow the steps below.
1. Enter the dollar amounts for Expanded Services Funding for year 1 and year 2. These are required fields. (**Figure 8: Project Overview Form**, **1**). Include base funding and additional MAT funding, as applicable.
2. Enter the dollar amount for One-Time Funding to Support Service Expansion in year 1. This is an optional field. (**Figure 8: Project Overview Form**, **2**).
3. For Evidence-Based Strategies, identify which evidence-based strategy(ies) SUD-MH funding will help implement and/or advance. Select all that apply. (**Figure 8: Project Overview Form**, **3**).
4. In the Project Narrative section, provide narrative answers to the two questions that detail the proposed SUD-MH project (**Figure 8: Project Overview Form**, **4**). Each answer has a limit of 2,500 characters, including spaces (which is about three-quarters of a page).
   Note:
   - Your total year 1 and year 2 funding request amounts may not exceed the maximum amount of funding for each year that HRSA communicated to you by email.
   - One-time funding is only available in year 1.
   - If you are eligible for and request additional MAT funding, you must also increase the number of patients receiving MAT for OUD by December 31, 2019 on the Patient Impact Form.
   - The total year 1 and year 2 federal funding requested on the Project Overview Form must equal the total year 1 and year 2 federal funding request on the Federal Object Class Categories form.
   - At least one option must be selected in the Evidence-Based Strategies section. You may select as many options as desired.

Figure 8: Project Overview Form

3.3 Completing the Staffing Impact Form

The **Staffing Impact Form** requires applicants to provide information on proposed new direct hire staff and contractors for year 1 and year 2 who will be supported with SUD-MH funding. To complete this form, follow the steps below.

1. Enter full time equivalents (FTEs) for "New Direct Hire Staff FTEs Proposed" and/or "New Contractor FTEs Proposed" for both year 1 and year 2 to be supported by SUD-MH funding for each personnel position. (**Figure 9: Staffing Impact Form**, **1**).

Note:

- For year 1 and year 2 separately, the sum of "New Direct Hire Staff FTEs Proposed" and "New Contractor FTEs Proposed" must be equal to or greater than 1.0 FTEs (**Figure 9: Staffing Impact Form**, **2**).
- Position descriptions are available in the 2017 UDS Manual.
- If you propose to hire contractors, explain how the contracted FTE estimate was developed and include details regarding the proposed contractual arrangement(s) in the Budget Narrative attachment.

2. Click on the **[Save and Continue]** button to proceed to the **Patient Impact Form**.

Figure 9 Staffing Impact Form

3.4 Completing the Patient Impact Form

The **Patient Impact Form** requires you to propose an increase in the number of patients who will newly access substance use disorder (SUD) and/or mental health services as a result of SUD-MH funding by December 31, 2019. If you are eligible for and request additional MAT funding, you must also increase the number of patients receiving MAT for OUD.

Separate patient projections must be made for existing health center patients who are newly accessing SUD and/or mental health services as a result of SUD-MH funding and for patients new to the health center

accessing SUD and/or mental health services as a result of SUD-MH funding. An example patient projection is provided on the SUD-MH Technical Assistance website.

Guidelines to complete the form

1. You must provide projections for Question 1 (existing patients) and/or Question 3 (new patients).
2. If you propose patients for Question 1, you must provide projections in Question(s) 2A and/or 2B.
3. If you propose patients for Question 3, you must provide projections in Question(s) 4A and/or 4B.
4. A projection greater than zero is required in response to Question 5 if you request additional MAT funding on the Project Overview form.
5. In the "New Patients by Population Type" table, enter the total number of patients reported in response to Question 3 "Total Unduplicated New Patients" according to the Health Center Program (H80) population type. This information will be used to populate future Budget Period Progress Report submissions.

6. Click on the **[Save and Continue]** button to proceed to the **Project Narrative Form**. **Figure 10: Patient Impact Form**

3.5 Completing the Supplemental Information Form

On the **Supplemental Information Form**, you will answer 3 questions regarding your proposed SUD-MH project (**Figure 11: Supplemental Information Form**). Select the appropriate response for each question.

Note: For the Scope of Services question, if you determine that a Scope Adjustment or Change in Scope request will be necessary and respond 'Yes' to this question, describe the proposed changes in the narrative text box included at the end of the form. Your brief description may be up to 1,000 characters, including spaces. (**Figure 11: Supplemental Information Form,1**).

Once complete, click on the **[Save and Continue]** button to proceed to the **Equipment List Form**.

Figure 11: Supplemental Information Form

3.6 Completing the Equipment List form

On the **Equipment List Form**, you will provide a line-item list of proposed equipment items to be purchased with SUD-MH funding, only if you requested one-time funding for this purpose. If you did not request any one-time funding for equipment costs in the **Federal Object Class Categories Form** line d, then the **Equipment List Form** is not applicable to you and cannot be edited.

Equipment costs entered here should be consistent with costs proposed in the **Budget Narrative** attachment. Equipment is defined as tangible, personal property (including information technology systems) with a useful life of more than one year, and a per-unit acquisition cost that equals or exceeds $5,000. Equipment items that do not meet the $5,000 threshold should be categorized as "Supplies" in your application, and should not be included in the **Equipment List Form**.

To complete the form, follow the steps below.

1. Click the **[Add]** button to add equipment items (**Figure 12**).

Figure 12: Equipment List Form

> ➢ The system navigates to the **Equipment Information - Add Form** (**Figure 13**).

Figure 93: Equipment Information - Add Form

2. Select equipment "Type", either "Clinical" or "Non-Clinical" (**Figure 13**, **1**).
3. Enter a brief narrative "Description" of the equipment item, up to 50 characters.
4. Enter the "Unit Price ($)". To be classified as equipment, the "Unit Price" must be at least $5,000. Equipment that does not meet the $5,000 threshold should be considered Supplies and would not be entered on this form.
5. Enter the "Quantity" of units to be purchased.

6. Click the **[Save and Continue]** button at the bottom of the screen. You will be returned to the **Equipment List Form** (**Figure 14: Equipment List Form with Equipment Added**).

7. To edit an equipment item, click on the **Update** link under the "Options" menu (**Figure 14: Equipment List Form with Equipment Added**, **1**). To delete an equipment item, click on the **Delete** link under the "Options" menu (**Figure 14: Equipment List Form with Equipment Added**, **2**).
   Note: The total price of equipment requested in this form must be equal to the federal costs proposed in the "Equipment" line item of the **Federal Object Class Categories Form** (line d).

8. Click the **[Save and Continue]** button to navigate to the **Program Specific – Review** page.

Figure 104: Equipment List Form with Equipment Added

4. Reviewing and Submitting the SUD-MH Application

1. Review the Program Specific forms by accessing the **Program Specific Forms** link at the bottom of the left navigation menu (**Figure 15: Program Specific Information Section Review Program Specific Forms and Submit Links**, **1**).

2. When all information is accurate, click the **Submit** link in the All Forms left navigation menu (**Figure 15: Program Specific Information Section Review Program Specific Forms and Submit Links**, **2**).

Figure 15: Program Specific Information Section Review Program Specific Forms and Submit Links
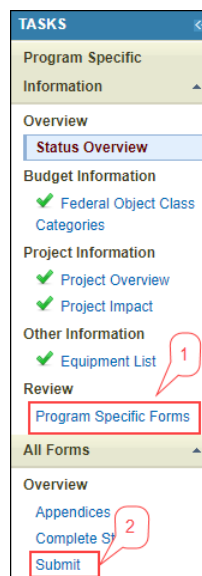
3. The system navigates to the standard **Application – Submit** page and displays a **[Submit to HRSA]** button at the bottom of the page if both the Standard and Program Specific forms are complete.

Important Note: Only the Authorizing Official (AO) can submit the application to HRSA. If you are not the AO, the system will display a **[Submit to AO]** button instead of the **[Submit to HRSA]** button on the Application – Submit page. Click on this button to submit the application to the AO. The application can then be submitted by the AO using the **[Submit to HRSA]** button.

Applicants are strongly encouraged to notify the AO directly and ensure that they leave adequate time for the AO to complete the submission process prior to the deadline.

4. To submit the application, click the **[Submit to HRSA]** button.
5. On the resulting **Certification and Acceptances Form**, click the **[Submit Application]** button in the lower right corner of the form to confirm the submission of your SUD-MH application to HRSA.
6. If you experience any problems with submitting the application in EHB, contact the Health Center Program Support at 877-464-4772, Monday through Friday, 7:00 a.m. to 8:00 p.m. ET., (except Federal holidays). Or, send an email through the Web Request Form (http://www.hrsa.gov/about/contact/bphc.aspx).