



Fiscal Year 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) Supplemental Funding

HRSA-17-118

Frequently Asked Questions

New Items are marked

Below are common questions and corresponding answers for the Fiscal Year (FY) 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS) supplemental funding opportunity for existing Health Center Program award recipients (hereafter referred to as health centers). New items will be added as needed. The AIMS technical assistance (TA) website will announce when updates are made:

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/supplement>.

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General Information

1. What is the purpose of the FY 2017 AIMS supplemental funding opportunity?

The AIMS purpose is to expand access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse. Health centers will enhance these services by increasing personnel. They will also leverage health information technology (IT) and provide training to support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care.

2. When can I start my application and when is it due?

The application period opened on June 26 with the release of the AIMS instructions and application resources, available on the AIMS technical assistance website at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/supplement>. AIMS applications will be completed and submitted in HRSA's Electronic Handbooks (EHB). The

EHB application module may be accessed beginning June 30. Applications are due in EHB by 5:00 P.M. ET on July 26. There is no Grants.gov submission requirement. You are encouraged to start preparing your application materials immediately.

3. How much AIMS funding is available to support each eligible health center in FY 2017?

Health centers may request up to \$75,000 in AIMS **ongoing funding** to support the expansion of mental health services (up to \$37,500), and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse (up to \$37,500). Ongoing funding is expected to become part of the continuing Health Center Program operational (H80) grant awards (roll into base funding).

Health centers may request up to \$75,000 in AIMS **one-time funding** for health IT and/or training investments that will support the expansion of mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, and their integration into primary care. HRSA may adjust award amounts consistent with available funds.

4. How will I know my health center's sub-program funding proportions and where will I enter this information in the application?

The emails sent on June 26 provide the total maximum federal funding amount that each eligible health center may request (\$150,000) divided by its current H80 grant sub-program funding proportions (i.e., CHC, MHC, HCH, and PHPC).¹ You will enter your health center's federal budget request amount, according to the sub-program proportions, on the SF-424 Budget Information Form Section A - Budget Summary.

5. What should I do if the sub-program proportions provided in the EHB email are not correct?

If the email provides an inaccurate funding distribution across sub-programs, contact the AIMS technical assistance team at bphcsupplement@hrsa.gov. The EHB User Guide for Applicants (available on the [AIMS technical assistance website](#)) includes instructions for adjusting the sub-programs listed on the SF-424 Budget Information Form.

Eligibility

6. What types of organizations are eligible to apply for FY 2017 AIMS funding?

Organizations receiving Health Center Program operational (H80) grant funding at the time of this funding opportunity release are eligible to apply for AIMS funding. If you think that your health center should be eligible but the individuals listed as the Project Director, Authorizing Official, and Business Official in your EHB H80 grant folder did not receive an email through EHB announcing the AIMS funding opportunity on June 26, contact the [AIMS technical assistance team](#).

¹ CHC= community health center; MHC= migrant health center; HCH= health care for the homeless; PHPC= public health primary care

7. The AIMS instructions state that HRSA will not award AIMS funding to health centers that exceed specified condition thresholds. Does this include all conditions, including scope verification conditions?

HRSA will only consider progressive action conditions related to Health Center Program Requirements when determining if health centers are able to receive AIMS funding (i.e., scope verification and construction or alteration-related conditions will not be included). Direct questions regarding the current status of conditions on your H80 grant award to your Project Officer.

8. Is the AIMS application subject to review by State Executive Order 12372?

Yes. AIMS awards are subject to the provisions of Executive Order 12372, as noted in the Reporting and Additional Instructions section of the AIMS instructions. If your health center is in a state that has a Single Point of Contact (SPOC), contact the SPOC to alert them that you will be submitting an application. The list of SPOCs is available at http://www.whitehouse.gov/omb/grants_spoc. If there is no SPOC, then you may contact your Primary Care Office (PCO) for guidance. See <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html> for the list of PCOs.

9. Can subrecipients/subcontractors apply for AIMS funding?

No. Only organizations directly receiving H80 grant funding from HRSA at the time of the AIMS funding opportunity release are eligible to apply. If a site that is operated by a subrecipient/subcontractor is included in an eligible health center's approved scope of project (i.e., on Form 5B: Service Sites), the health center may request AIMS funding to support activities at that site.

Application Requirements (includes NEW items)

10. Do I have to expand mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse through direct hire staff (i.e., Form 5A Column I)?

No. AIMS funded services must be listed in Column I (direct provision) and/or Column II (through contract or formal written agreement) on Form 5A: Services Provided and are limited to: Mental Health, Health Care for the Homeless (HCH) Required Substance Abuse, Substance Abuse, Case Management, and/or Health Education (related to mental health services and substance abuse services). You may propose additional services in Column III (provided by referral) to support AIMS funded services.

11. Can I make changes to my approved scope of project (Form 5A: Services Provided) through the AIMS application?

No. You must separately submit a Scope Adjustment or Change in Scope request (as appropriate) to HRSA to add new services or to move services between Form 5A columns. Your request must be approved prior to implementing the new service(s), which must occur within 120 days of award. You do not need to submit a Scope Adjustment or Change in Scope request if AIMS funding will expand services that you are already providing in the same modes of provision (e.g., staying within Form 5A Column I).

For guidance in determining whether a Scope Adjustment or Change in Scope will be necessary, access the technical assistance materials on the [Scope of Project](#) website (click on the “Services” header in the Resources section to access the Form 5A information).

12. Can I propose activities at a site that I plan to bring into scope at a later date?

No. Proposed activities must be implemented at sites (including mobile vans) in a health center’s approved scope of project. However, if a new site is added to scope in the future, AIMS funding may, at that time, be used to support approved AIMS activities at that location.

13. NEW: Can I expand mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, at different sites in scope?

Yes. Not all services must be available at every health center service site; rather, health center patients must have reasonable access to the full complement of services offered by the center as a whole, either directly or through formal written established agreements. AIMS one-time funding may be used to support telehealth service infrastructure to ensure access to needed services across multiple sites.

14. NEW: Does HRSA have a minimum new patient requirement?

No. If AIMS funding may best address your service area’s unmet needs by increasing existing patients’ access to mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse, there is no minimum requirement for increasing new patients.

15. Can I propose to provide expanded services only to existing patients?

Yes. Your proposed project may focus on making mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse available to current health center patients who have not accessed these services through the health center in the past. On the Patient Impact Form, enter the number of current patients that will newly receive these services for the existing patient fields: Unduplicated Total (Question 1) and Patients by Service Type (Question 2). You will then enter zeros for all new patient-related fields: Unduplicated Total (Question 3), Patients by Service Type (Question 4), and the New Patients by Population Type table at the end of the form.

16. Will patient projections be added to my H80 patient target?

Yes. The projection for Unduplicated Total new patients (entered in response to Question 3 on the Patient Impact Form) will be added to your H80 grant’s patient target. Failure to achieve this projection by December 31, 2018 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). Patient target resources are available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/index.html>.

17. How do I calculate Unduplicated Total and Patients by Service Type?

Consider existing and new patient projections separately. For each, project the number of patients who, as a result of AIMS funding, will access a) mental health services only (MH), b)

substance abuse services only (SA), and c) both mental health services and substance abuse services (BOTH). The following example demonstrates how to enter this information into the Patient Impact Form for either new or existing patients.

You project: 100 MH, 100 SA, and 50 BOTH

- **Unduplicated Patients** = 100 MH + 100 SA + 50 BOTH = **250**
- **Projections by Service Type:**
 - **MH** = 100 MH + 50 BOTH = **150**
 - **SA** = 100 SA + 50 BOTH = **150**

18. NEW: Does HRSA require that expanded substance abuse services only address opioid use disorders?

No. The portion of AIMS ongoing funding for substance abuse service expansion must focus on, but is not exclusive to, the treatment, prevention, and awareness of opioid abuse.

19. NEW: What types of activities support an increase in projected substance abuse patients?

Substance abuse services include alcohol and drug abuse treatment and counseling that result in substance abuse visits. Patients are individuals who have at least one reportable visit during the reporting period. See the [2016 Uniform Data System \(UDS\) Manual](#) for more information on service, visit, and patient definitions.

20. NEW: How can I use AIMS funding to expand Screening, Brief Intervention, and Referral to Treatment (SBIRT)?

SBIRT is an evidence-based practice for screening patients and referring them, as needed, to treatment. Health centers report use of SBIRT in the UDS report. AIMS ongoing funding may support providers that are using SBIRT in conjunction with substance abuse services focusing on the treatment, prevention, and/or awareness activities. Training staff in the effective use of SBIRT is also an allowed use of AIMS one-time funding.

21. NEW: Does HRSA require that expanded substance abuse services include the provision of medication-assisted treatment (MAT)?

No. AIMS funding does not require health centers to use MAT. However, evidence-based strategies should be prioritized. Please refer to the AIMS instructions for examples.

22. NEW: Would a medical provider who provides MAT be considered a substance abuse provider?

For the purposes of the AIMS application, a medical provider with a Drug Abuse Treatment Act of 2000 (DATA) waiver and who uses MAT for patients with substance use disorders will be considered a substance abuse provider. However, when completing UDS reports you should follow the instructions in the UDS manual, which may differ depending on the latest UDS guidance.

23. Can I propose to expand substance abuse services by adding a health educator who will increase awareness of opioid abuse?

Yes. Describe in the Response section of the Project Narrative Form how AIMS funding will expand substance abuse services through opioid abuse prevention and awareness, as opposed to treatment, activities. If proposed AIMS-funded activities will not increase the number of patients receiving substance abuse treatment, then you will enter zero for your substance abuse services patient projections on the Patient Impact Form.

24. Can I use AIMS funding to increase the salaries of our existing providers?

No. AIMS funding must be used to expand mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse by hiring new or increasing the hours of existing personnel. AIMS funding may not supplant existing resources.

25. NEW: May AIMS funding be used to incentivize health center personnel to attend trainings or to encourage patients to participate in needed mental health services and substance abuse services?

No. AIMS one-time funding may be used to support the development of a training or educational program or costs such as registration and travel to attend a training, but not for incentives to encourage participation.

26. NEW: May AIMS funding be used to reimburse the health center for revenue lost when a provider is participating in an AIMS-supported activity, such as a training?

No. AIMS funding may not be used to offset lost revenue/productivity. However, AIMS one-time funding may be used to support a substitute provider who will provide temporary clinical services in the absent provider's place.

27. Can I use AIMS funding for recruitment bonuses to improve our success in securing qualified providers for this project?

Recruitment bonuses may be part of a salary package supported by AIMS ongoing funding, if consistent with the health center's standard practice.

28. Can I use AIMS funding to cover recruitment agency fees?

Yes. Costs or fees associated with an outside recruitment agency to hire providers to support the AIMS funded project are allowed.

29. Can I hire a new staff member prior to award?

Yes. AIMS applications must demonstrate that AIMS funding will result in an increase in FTEs and the number of patients accessing mental health services and substance abuse services within 120 days of award. Plans to increase direct hire staff and/or contractors should be implemented based on need and available resources, taking into consideration that the application submitted to HRSA is a request, not an approved plan, for the activities proposed. AIMS funding may not be used to support costs incurred prior to award.

Budget Presentation

30. Are applicants required to include non-federal funding in the AIMS application budget presentation?

You are required to include total budget information, which may include non-federal funding (e.g., program income) if such funds will be leveraged to complete the proposed project. Total budget information must be included in the SF-424 Budget Information Form, the Federal Object Class Categories Form, and the Budget Narrative.

31. Are installation costs allowed?

AIMS one-time funding may be used to purchase and install health IT that will support the expanded mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse (e.g., consultant costs for installing new software or kiosks). However, costs for installation of equipment that are considered alteration or renovation, such as those that require wiring or plumbing, are not allowed (e.g., installation of a fiber optics line).

32. Are there any formatting guidelines for the Budget Narrative attachment? Can I submit a Microsoft Excel document?

Use 1.0 line spacing and an easily readable font, such as Times New Roman, Arial, Courier, or CG Times. The font should be no less than a 10-point font. 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 submission.

Award Information and Reporting Requirements

33. When will AIMS funding be awarded?

HRSA anticipates announcing the awards in September 2017.

34. By when must the expanded mental health services, and substance abuse services focusing on the treatment, prevention, and awareness of opioid abuse be implemented?

Access to expanded mental health services and expanded substance abuse services directly or through contracts or agreements for which the health center pays must be implemented within 120 days of award.

35. By when must expanded and/or new direct hire staff and/or contractors as stated on the Staffing Impact Form be in place?

Expanded or new direct hire staff and/or contractors who will support mental health service expansion and substance abuse service expansion must be in place within 120 days of award.

36. By when must the patient projections stated on the Patient Impact Form be attained and how will I report on progress?

Patient projections must be met by December 31, 2018 as documented in your 2018 Uniform Data System report. Progress toward attaining patient projections will be reported

in future Budget Period Progress Report (BPR) Non-Competing Continuation (NCC) submissions.

37. Can I carry over unobligated AIMS funding into my next H80 budget period?

Yes. AIMS awards will include the requested 12-months of funding (September 1, 2017 through August 31, 2018), which spans two H80 grant budget periods (FY 2017 and FY 2018). To use AIMS funding in the FY 2018 budget period, you must submit a Prior Approval Request to carry over unobligated funds within 90 days of your H80 grant's FY 2017 budget period end date. Consult your Grants Management Specialist with questions.

38. Are there unique reporting requirements for activities supported by AIMS funding?

No. Progress will be demonstrated through UDS reports and BPR NCC submissions.

Technical Assistance and Contact Information

39. What technical assistance is available to help me develop my AIMS application?

Technical assistance materials, including sample application forms and the EHB User Guide for Applicants, are available at the [AIMS technical assistance website](#). Use the sample forms to begin preparing your application prior to when the EHB application module opens on June 30.

40. Who should I contact with questions concerning the AIMS application requirements and process?

Contact the AIMS technical assistance team at bphcsupplement@hrsa.gov.

41. Who should I contact if I have specific questions about allowable costs, the budget, or the Budget Narrative?

Contact Mona D. Thompson, Grants Management Specialist, at mthompson@hrsa.gov.

42. If I encounter technical difficulties when trying to submit my application in EHB, 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 submit a Web request at <http://www.hrsa.gov/about/contact/bphc.aspx>.