



FY 2019 Integrated Behavioral Health Services (IBHS) Applicant Frequently Asked Questions (FAQs)

Updated on 5/6/2019. New or modified items identified by “New!” and are in red font.

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Introduction

Applicants should read the information below in conjunction with the IBHS instructions, IBHS Electronic Handbooks (EHBs) User Guide, and example forms. These and additional technical assistance resources are available on the [IBHS Technical Assistance Web Page](#).

Eligibility

1. Did HRSA notify eligible health centers about this funding opportunity?

Yes. Individuals at eligible health centers who are registered as project director, business official, or authorizing official in the Health Center Program operational grant (H80) folder in HRSA’s EHBs received a notification email.

2. Who do I contact if I think my health center is eligible for IBHS funding but we did not receive the notification email?

If your health center is an H80 award recipient, first check with the individuals with project director, business official, and authorizing official EHBs roles for your H80 award. If none of these individuals received the notification email after checking their SPAM folders, contact the IBHS technical assistance team at SUD-MH@hrsa.gov.

3. **What information will I find in the notification email?**

The notification email provides the hyperlink and unique access passcode to the IBHS EHBs application module. It also provides the total maximum federal funding amount that you may request distributed by sub-program, which is needed to complete the SF-424 Budget Information Form. Additionally, the email provides technical assistance contacts and a link to the [IBHS Technical Assistance Web Page](#), where you can access the IBHS instructions and other application resources.

4. **Are look-alikes eligible to apply?**

No. Only H80 award recipients are eligible to apply.

5. **Am I eligible if my health center has never before received HRSA funding related to substance use disorder (SUD) or mental health services?**

Yes. Any organization receiving H80 funding at the time of the IBHS funding opportunity release are eligible to apply.

6. **Can sub-recipients and subcontractors apply?**

No. Sub-recipients and subcontractors may not apply directly. However, if a site operated by a sub-recipient/subcontractor is part of an eligible health center's scope of project, the health center may propose to use IBHS funding to support activities at that site.

7. **Can I apply for IBHS funding if I currently participate or will participate in collaborative projects or state-led efforts addressing integrated behavioral health services?**

Yes. To maximize the impact of IBHS funding, you are encouraged to collaborate on projects to increase access to integrated behavioral health services, as well as participate in activities sponsored by [HRSA's strategic partners](#) and state-led efforts. IBHS funded-activities should build upon those supported by other funding.

8. **Why is it necessary to review our [System for Award Management \(SAM\)](#) registration information?**

You are required to maintain an active [SAM](#) registration at all times, and HRSA cannot make an IBHS award if your SAM registration lapses. Log into [SAM.gov](#) to confirm that your registration information is correct and review the [SAM update](#) for guidance.

Scope and Services

9. **How can I determine if my IBHS project will require a change in scope?**

When completing the Project Overview Form, you will review Form 5A: Services Provided to determine if a Scope Adjustment or Change in Scope request is necessary. Access the technical assistance materials on the [Scope of Project web page](#) and contact your H80 project officer for guidance on determining if a Scope Adjustment or Change in Scope will be necessary.

10. **Can I make changes to my scope of project (Form 5A: Services Provided) through the IBHS application?**

No. A Scope Adjustment or Change in Scope request must be submitted post-award, as applicable.

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

No. Proposed activities must be implemented at sites in a health center's approved scope of project. If a new site is added to scope in the future, you may use IBHS funding to support approved IBHS activities at that location.

12. New! Can IBHS funds be used to rent or purchase new space to provide SUD and/or mental health services?

No. You may not use IBHS funding to support rental or purchase of a site not currently in your approved scope of project. However, if you add a site to scope through a change in scope or competitive application (e.g., New Access Point application), IBHS funding can be used to expand access to integrated behavioral health services at the site once it is verified as open and operational.

Budget Requirements

13. Who can I contact with questions about the sub-program funding distribution provided in my IBHS notification email?

If you have questions about the funding distribution by sub-program that HRSA provided in the notification email, contact the IBHS technical assistance team at SUD-MH@hrsa.gov.

14. Will funding be available beyond fiscal year (FY) 2019?

Health centers receiving IBHS funding must add 0.5 full-time equivalent (FTE) SUD and/or mental health personnel within 8 months of award, and increase the total number of patients receiving these services. HRSA may not award or may reduce funding in FY 2020 if the required 0.5 FTE addition is not hired within 8 months of award. Additionally, HRSA may not award or may reduce ongoing funding to health centers not demonstrating the FTE and patient increases in their triannual IBHS progress updates and annual Uniform Data System (UDS) reports.

15. New! What if my health center will not be able to complete some of the activities that we propose in our IBHS application by the end of the FY 2020 budget period?

If you meet the IBHS purpose and requirements, including adding 0.5 FTE within 8 months of award, then HRSA anticipates that your IBHS funding will be ongoing.

16. What non-federal funding should I include in my IBHS budget proposal?

If you plan to use non-federal funds to carry out your proposed IBHS project, you must include them in the SF-424 Budget Information Form, the Federal Object Class Categories Form, and the Budget Narrative attachment. The non-federal share of the project budget includes all anticipated program income sources, such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services. Program income also includes “other revenue sources”, such as state, local, or other federal grants or contracts; and private support or income generated from fundraising or contributions. Include only non-federal funds that will be generated as a result of IBHS activities and do not duplicate previously projected non-federal resources under your H80 award.

17. Can I use IBHS funding for minor alterations and renovations (A/R) costs, such as to install equipment purchased with IBHS funding?

Installation costs (e.g., wiring) are considered minor A/R costs, and are not permitted uses of IBHS funds. Minor A/R includes work to repair, improve, and/or reconfigure the interior arrangements or other physical characteristics of a location.

18. New! Can I use IBHS funding to provide transportation vouchers for patients?

Yes. IBHS funds may be used to support enabling services such as patient transportation vouchers to increase patient access to SUD and/or mental health services. The transportation must be to or from a site in the health center’s scope of project to receive an in-scope service.

19. May IBHS funding be used to incentivize health center personnel and patients' participation in IBHS-supported activities?

IBHS funding may not be used to provide incentives (e.g., bonuses, over-time, gift cards, food) to encourage participation in patient education or behavioral health services. You may use funding to support the development or implementation of a training or educational program, and costs such as registration and travel to attend a training.

20. May IBHS funding be used to reimburse my health center for revenue lost when a provider is participating in an IBHS-supported activity, such as a training?

No. IBHS funding may not be used to offset lost revenue or productivity. However, you may use IBHS funding to support a substitute provider who provides temporary clinical services in the absent provider's place.

21. Are there any formatting guidelines for the Budget Narrative attachment?

Yes. Use single line spacing and an easily readable font, such as Times New Roman, Arial, or Courier. The font should be size 10-point or larger. You may submit a Microsoft Excel file, but limit the Excel workbook to 1 tab (i.e., spreadsheet) and ensure that the print area is set to the information HRSA needs to review, minimizing blank cells where possible. See the [IBHS Technical Assistance Web Page](#) for an example Budget Narrative.

22. Am I required to have an indirect cost rate agreement?

No. You are only required to have an indirect cost rate agreement if indirect costs are included in your proposed budget. If you do not have an indirect cost rate agreement, costs that would be included into such a rate (e.g., administrative salaries) may be charged as direct line-item costs. If you have an indirect cost rate agreement, you must upload a copy of the agreement in Attachment 1: Project Description.

Project Overview Form

23. Does my IBHS project have to support the use of telehealth?

No. IBHS does not require the use of telehealth. However, health centers are encouraged to consider whether the initiation or expansion of telehealth would be appropriate means to expand integrated behavioral health services in compliance with federal and state laws and regulations.

24. Does my IBHS project have to support the use of pain management to prevent SUDs, including opioid use disorder (OUD)?

No. IBHS does not require activities that support the use of pain management. However, health centers are encouraged to use evidence-based strategies to prevent and treat SUDs, which could include acute and chronic pain management.

25. Will I receive technical assistance on all of the topics that I select on the Project Overview Form?

HRSA will use applicants' responses to guide the development of future technical assistance.

Project Plan and Form

26. Is technical assistance on integrating behavioral health services available?

The Project Development Resources listed on the [IBHS Technical Assistance Web Page](#) provide references to aid your IBHS project development.

27. If my health center currently offers SUD or mental health services, can I use IBHS funding to expand these services?

IBHS funding may be used to build upon existing integrated behavioral health services by, at minimum, adding 0.5 FTE SUD and/or mental health personnel, as well as increasing SUD and/or mental health patients.

28. Am I required to increase access to integrated behavioral health services that address OUD?

No. Whether your IBHS project focuses on mental health and/or SUD services, which may or may not address OUD, should depend on the service area's unmet needs and your health center's organizational goals. IBHS funding may address, but is not exclusively for, OUD.

29. Am I required to address both prevention and treatment?

No. IBHS funding may be used to increase integrated behavioral health services through prevention and/or treatment of mental health conditions and/or SUDs. Your project's focus should depend on the service area's unmet needs and your health center's organizational goals.

30. Where in the application do I describe my proposed project?

The IBHS application includes a Project Plan Form to describe your IBHS project objectives, activities, and outputs. The project plan may facilitate your project implementation because it connects planned activities to intended outputs. See the example project plan available on the [IBHS Technical Assistance Web Page](#) for more information.

31. How many objectives should I propose in my project plan?

You must propose a minimum of 2 objectives. At least 1 objective must address adding at least 0.5 FTE SUD and/or mental health personnel within 8 months of award. At least 1 objective must relate to increasing patients receiving SUD and/or mental health services. The Project Plan Form will accept a maximum of 5 objectives.

32. What are the requirements for proposed activities and outputs?

You must propose at least 2 activities per objective. Include activities that you will perform to achieve the objective. Activities that relate to more than 1 objective should be listed separately under each relevant objective. The Project Plan Form has no maximum activity limit.

You must propose at least 2 outputs per objective. Include outputs that will result from the listed activities. The Project Plan Form does not require you to link an output to a specific activity. You must provide the target date by which you plan to achieve each output. Outputs that relate to more than 1 objective should be listed separately under each relevant objective. The Project Plan Form has no maximum output limit.

33. **Will I be able to access my Project Plan Form throughout the course of the project period?**
Yes. The Project Plan Form will be accessible from the IBHS application in your EHBs application folder.

Staffing Impact and Form

34. **Can I hire more than 1 provider to meet the minimum 0.5 FTE increase requirement?**
Yes. For example, you may support 0.25 FTE direct hire case manager and 0.25 FTE contracted licensed clinical social worker to address your community's unmet SUD and/or mental health needs.
35. **I used FY18 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) supplemental funding to add more than the SUD-MH required 1.0 FTE increase. Do I have to add more FTE to meet the IBHS proposal requirement?**
Yes. IBHS requires a new minimum increase in SUD and/or mental health personnel FTE of at least 0.5.
36. **Can I use IBHS funding to increase the salaries of current providers?**
No. Increasing salaries of existing personnel will not fulfill the FTE increase requirement.
37. **Would a medical provider who provides medication-assisted treatment (MAT) be listed as an SUD provider?**
No. As explained in the [2018 UDS Manual](#), include FTEs for physicians, nurse practitioners, and physician assistants who have a Drug Addiction Treatment Act of 2000 waiver to treat OUD with MAT in the rows identified for each position (i.e., physicians, nurse practitioners, or physician assistants) on the Staffing Impact Form, not the SUD provider row.
38. **Can I use IBHS funding for recruitment bonuses to secure qualified personnel for this project?**
Yes. Recruitment bonuses may be part of a salary package supported by IBHS funding, if consistent with your health center's standard practice.
39. **Can I use IBHS funding to pay recruitment agency fees?**
Yes. Costs or fees associated with an outside recruitment agency to hire personnel to support the IBHS project are allowed.
40. **New! Does an SUD or mental health services personnel who will deliver services via telemedicine fulfill the 0.5 FTE staffing requirement?**
Yes. Telemedicine is an allowed strategy to deliver services in your health center's approved scope of project, and should be used in accordance with related laws and regulations.
41. **If I hire a new staff member before awards are made, can IBHS funds be used to cover associated costs, if my IBHS application is funded?**
No. IBHS funds may not be used for expenses incurred before receiving your IBHS award, as applicable. 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 proposed activities.

42. **New! Can I add the personnel who will fulfill the required 0.5 FTE staffing increase requirement before the September 1, 2019 funding period start date?**

Yes. Any new FTE added before September 1 that will be counted toward the 0.5 FTE minimum increase must be specifically hired for new activities that address the IBHS purpose and requirements. Such an individual must be paid through funding other than your H80 award before September 1, 2019. Any pre-award action is taken at your own risk. Your IBHS application is a request, not a guarantee of funding.

43. **New! Can I use IBHS funding to rehire staff previously supported by a funding source that will end before September 1, 2019?**

Yes. The other funding source must end before September 1, 2019 and will not be renewed. Also, the personnel's role that will be supported by IBHS funding must specifically address IBHS requirements, and the employee's FTE cannot be counted toward both the IBHS staffing increase and another H80 funding FTE increase requirement (e.g., the FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) award 1.0 FTE). Health centers must succinctly explain this situation in the IBHS application Budget Narrative. Any pre-award action is taken at your own risk. Your IBHS application is a request, not a guarantee of funding.

Patient Impact and Form

44. **Is there a minimum patient impact requirement?**

Although you are required to increase SUD and/or mental health patients, HRSA did not set a minimum. Patient increase projections should be realistic and achievable.

45. **How do I calculate the number of patients newly accessing SUD and/or mental health services?**

You must provide separate patient projections for existing patients and new patients.

- **Existing patients** are current health center patients who will newly access SUD and/or mental health services because of IBHS funding.
- **New patients** are individuals who the health center does not currently see but who will access the health center's SUD and/or mental health services because of IBHS funding.

See the IBHS Instructions for detailed guidance on completing the Patient Impact Form. The example Patient Impact Form provides an illustration. Both are available on the [IBHS Technical Assistance Web Page](#).

Equipment List Form

46. **How do I determine if an equipment item is clinical or is non-clinical?**

To differentiate between non-clinical and clinical equipment, refer to the definitions of "general equipment" and "specialized equipment," respectively, in [45 CFR § 75.2](#). An example of non-clinical equipment is office furnishings. Examples of clinical equipment include point of care laboratory tests, electronic health record systems and upgrades, telehealth systems, and examination room furniture.

47. **New! Can I use IBHS funds to purchase or lease a vehicle?**

No. IBHS funding may not be used to purchase or lease a vehicle, including a mobile medical unit. HRSA clarified this guidance in the updated IBHS notice of funding opportunity published on April 18, available on the [IBHS Technical Assistance Web Page](#).

Review and Reporting Requirements

48. How could my current H80 award affect HRSA's decision to award IBHS funding?

You are not eligible to receive IBHS funding if you meet any of the following exclusionary criteria at the time of award:

- Have stopped receiving H80 funding.
- Have any Health Center Program requirements-related conditions that are in the 30-day final phase of progressive action.
- Are in the process of phasing out your H80 award (e.g., relinquishment, discontinuation).

Additionally, BPHC will make award decisions to maintain a ratio of grants serving medically underserved populations in rural areas to urban areas that is not less than 2 to 3 and not greater than 3 to 2.

49. The IBHS instructions state that HRSA will not award IBHS funding to health centers that have a 30-day condition. Does this include all conditions?

No. HRSA will only consider progressive action conditions related to Health Center Program requirements when determining if health centers are able to receive IBHS funding. Scope verification conditions are not considered. Direct questions about condition status to your H80 project officer.

Other

50. **New! In the EHBs application module, what application type should I select on the Grant Application- Create page?**

Select "Revision (Supplemental)" as the application type. Step-by-step instructions for completing your IBHS application are provided in the IBHS EHBs User Guide available on the [IBHS technical assistance \(TA\) web page](#).

51. Is the IBHS application subject to review by State Executive Order 12372?

Yes. State Executive Order 12372 establishes a system for state and local government review of proposed federal applications, if the state chooses to participate. Visit the [White House Intergovernmental Review \(SPOC List\)](#) web page to determine if your state participates in this intergovernmental review process and has a single point of contact (SPOC). If your state has no SPOC listed, you may contact your [Primary Care Office \(PCO\)](#) for further guidance, if applicable.

52. If State Executive Order 12372 applies to me, how can I ensure compliance?

Contact your SPOC as soon as you decide to apply for IBHS funding to:

1. Notify of intent to apply,
2. Ask if the SPOC will review applications for this funding opportunity, and
3. Obtain instructions for your state's submission and review process.

Use this information to correctly respond to question 19 of the SF-424 Form in the IBHS EHBs application module (Is Application Subject to Review By State Under Executive Order 12372 Process?). By certifying the SF-424, you confirm that the SPOC received or will receive a copy of your submitted IBHS application, if review is required by your state. If required, send the application to the SPOC promptly after submitting it to HRSA so the SPOC can review it within the 60-day comment period. Send upon receipt any SPOC comments about your application to SUD-MH@hrsa.gov.