

HRSA Electronic Handbooks (EHBs)

Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS) Supplemental Funding Opportunity

HRSA-19-100

User Guide for Applicants

Last updated on: March 27, 2019



Contents

1. Creating the IBHS Application.....	3
2. Completing the Standard Section of the Application	4
3. Completing the Program Specific Information Section of the Application.....	6
3.1 Completing the Federal Object Class Categories Form.....	8
3.2 Completing the Project Overview Form	9
3.3 Completing the Project Plan Form.....	11
3.4 Completing the Staffing Impact Form.....	14
3.5 Completing the Patient Impact Form.....	16
3.6 Completing the Equipment List form.....	18
4. Reviewing and Submitting the IBHS Application	19

This user guide describes the steps to apply for Fiscal Year (FY) 2019 Integrated Behavioral Health Services (IBHS) supplemental funding in HRSA’s Electronic Handbooks (EHBs) (funding opportunity announcement number HRSA-19-100). Use the guide with the IBHS Instructions and example forms, both available on the [IBHS Technical Assistance Web Page](#), for complete application development and submission guidance.

1. Creating the IBHS Application

To create your IBHS application in EHBs, you will need the notification email sent by HRSA to the individuals listed as Authorizing Official (AO), Business Official (BO), and Project Director (PD) in your EHBs Health Center Program operational (H80) grant folder.

1. Click the web link in the notification email. The system directs you to EHBs.
2. Enter your EHBs username and password, and click the **[Login]** button.

Note:

- If you do not have a username, you must register in EHBs. Do not create duplicate accounts.
- If you experience login issues or forgot your password, contact Health Center Program Support for assistance through the BPHC Contact Form (https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form) or 877-464-4772) Monday-Friday, 8:30 a.m. to 5:30 p.m. ET.

3. On the resulting **Grant Application – Create** page, enter the 4-digit eligibility code provided in the notification email (**Figure 1, 1**).

Figure 1: Grant Application – Create Page

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 IBHS 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. (**Figure 2**).

Figure 2: Select Sub Program(s) Page

Funding Cycle Information		
Announcement Number		
Announcement name		
Program Name	Health Center Program	
Program Type	Non-Construction	
Application Deadline		

Select Sub Program(s)		
Select	Program	CFDA
<input type="checkbox"/>	Community Health Centers	93.224
<input checked="" type="checkbox"/>	Health Care for the Homeless	93.224
<input type="checkbox"/>	Migrant Health Centers	93.224
<input type="checkbox"/>	Public Housing	93.224

8. Ensure that the sub-program selection on this page is accurate. If the sub-program selection does not align with your current H80 grant, adjust by selecting or unselecting the relevant sub-programs as needed.

Note:

- 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).

9. Click the **[Continue]** button on this page.

➤ The system creates your IBHS application and displays the EHBs Application Tracking Number.

10. Record the EHBs Application Tracking Number and click the **[Continue]** button to start your 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 and update as needed.

Figure 3: Application – Status Overview Page

List of forms that are part of the application package		
Section	Status	Options
Basic Information		
SF-424	Not Started	
Part-1	Not Started	Update ¹
Part-2	Not Started	Update
Budget Information		
Section A-C	Not Started	Update ²
Other Information		
Assurances	Not Started	Update
Appendices	Not Started	Update
Program Specific Information		
Program Specific Information	Not Started	Update

1. On the **Application – Status Overview** page, click the **Update** link located beside Part 1 of the SF-424. (Figure 3, 1).

2. The “Project Description/Abstract” is not a required component of the IBHS application. However, the EHBs System requires upload of at least one attachment to proceed with your application. You may upload a blank document. For the Proposed Project Period, enter 9/1/2019 for the Start Date and 8/31/2020 for the End Date.

Note:

- For **Parts 1 and 2** of the **SF-424**, you are only required to complete the sections indicated with a *.
- 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.

3. Click on the **[Save and Continue]** button on the **SF-424 – Part 2** form.

➤ The system navigates to the **Budget Information – Section A-C** form. You can also navigate there 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

* Section A - Budget Summary							Update ²
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget			
		Federal	Non-Federal	Federal	Non-Federal	Total	
Health Care for the Homeless	93.224	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Update Sub Program ¹	Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
* Section C - Non Federal Resources							Update ³
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total	
Health Care for the Homeless	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Go to Previous Page **Save** **Save and Continue**

4. Review the sub-program(s) displayed under **Section A – Budget Summary**. If changes are required to align with your current H80 grant, click on the **[Update Sub Program]** button and revise the selections as needed (Figure 4, 1).

5. Click on the **[Update]** button on **Section A – Budget Summary** to add the New or Revised Budget amounts, federal and non-federal, as applicable (**Figure 4, 2**).
 - The total amount of federal funds requested may not exceed \$145,000.
 - Federal funds must be requested in the same sub-program funding proportions as your existing H80 grant.
 - The notification email provides the total maximum federal request (\$145,000) divided by your current H80 grant sub-program funding proportions.
 - Contact the IBHS technical assistance team at SUD-MH@hrsa.gov if you have questions about the H80 sub-program maximum funding request breakdown provided in the notification email.
6. If **Section A – Budget Summary** includes non-federal resources, you must complete **Section C- Non-Federal Resources**. Click on the **[Update]** button on **Section C – Non-Federal Resources** to add the resource type by sub-program (**Figure 4, 3**).
7. Once you complete the **Budget Information – Section A-C Form**, click the **[Save and Continue]** button (**Figure 4, 4**) to proceed to the **Assurances Form**.
8. Complete the **Assurances Form** and click on the **[Save and Continue]** button to proceed to the **Appendices Form**.
9. Upload the required Budget Narrative as Attachment 1.
10. If your organization has a current negotiated indirect cost rate agreement, upload it as Attachment 2. Otherwise, leave Attachment 2 blank.

Note:

- Refer to the IBHS instructions and example Budget Narrative available on the [IBHS Technical Assistance Web Page](#) for guidance.
11. Click on the **[Save and Continue]** button to proceed to the Program Specific Information section of the application.

3. Completing the Program Specific Information Section of the Application

The IBHS application includes the following Program Specific forms.

Budget Information

- Federal Object Class Categories (FOCC) Form

Project Information

- Project Overview Form
- Project Plan Form
- Project Impact
 - Staffing Impact Form
 - Patient Impact Form

Other

- Equipment List Form (as applicable)

Refer to the IBHS Instructions for detailed guidance and the example forms available on the [IBHS Technical Assistance Web Page](#). To complete each of the forms, first open the form by clicking on the “Update” button under Options on the **Status Overview** page (**Figure 5: Program Specific Information Status Overview, 1**). You may return to the **Status Overview** page at any time by selecting “Status Overview” from the information left menu (**Figure 6: Program Specific Left Menu, 1**).

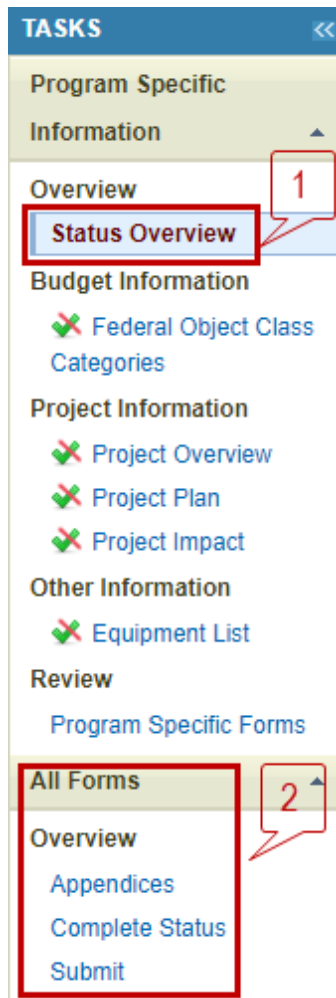
Figure 5: Program Specific Information Status Overview

The screenshot shows the 'Status Overview' page. At the top, there are fields for 'Announcement Number', 'Announcement Name', 'Application Type: Revision (Supplemental)', 'Grant Number', and 'Federal Funding Request Amount'. Below this is a 'Resources' section with a 'View' button and links to 'FY 2019 IBHS User Guide' and 'Funding Opportunity Announcement'. The main part of the page is a table titled 'Program Specific Information Status' with columns for 'Section', 'Status', and 'Options'. The 'Status' column shows 'Not Started' for all sections. The 'Options' column contains an 'Update' button for each section. A red callout box with the number '1' points to the 'Update' button for 'Federal Object Class Categories'. At the bottom left, there is a 'Return to Complete Status' button.

Section	Status	Options
Budget Information		
Federal Object Class Categories	Not Started	Update
Project Information		
Project Overview	Not Started	Update
Project Plan	Not Started	Update
Project Impact	Not Started	
Staffing Impact	Not Started	Update
Patient Impact	Not Started	Update
Other Information		
Equipment List	Not Started	Update

Navigate back to the Standard section of the application as needed via the All Forms section of the information left menu (**Figure 6: Program Specific Left Menu, 2**). Click on Appendices and then expanding the left menu using the >> arrows to view all Standard section forms.

Figure 6: Program Specific Information Left Menu



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**).
2. Enter zero ("0") if you do not wish to request funds for a cost category. No category fields may be left blank.

Figure 7: Federal Object Class Categories Form

Federal Object Class Categories

Note(s):

- The Total Budget Specified- Federal amount (sum of all object class categories) may not exceed \$145,000.
- The amount in Column J, Total Budget Specified- Federal on the FOCC form must match the total requested on the [Budget Summary Form](#).
- Refer to Appendix B of the IBHS Instructions for detailed guidance on completing this form.

Due Date: (Due In:) | Section Status:

Resources

View

FY 2019 IBHS User Guide | Funding Opportunity Announcement

Fields with * are required

Object Class Category	Federal	Non-Federal	Total
a. Personnel			\$0
b. Fringe Benefits			\$0
c. Travel			\$0
d. Equipment (e)			\$0
e. Supplies (e)			\$0
f. Contractual			\$0
g. Other			\$0
h. Total Direct Charges (sum of a through g) <input type="button" value="Calculate Total And Save"/>	\$0	\$0	\$0
i. Indirect Charges			\$0
j. Total Budget Specified in Section A - Budget Summary (sum of h through i) <input type="button" value="Calculate Total And Save"/>	\$0	\$0	\$0

Note:

- The Total Budget Specified- Federal amount (sum of all cost categories) may not exceed \$145,000.
 - The amount in row j. Total Budget Specified- Federal must match the total requested on the **Budget Summary Form**.
 - If federal funding is requested in the “Equipment” cost category (line d) (**Figure 7: Federal Object Class Categories Form, 2**), you must also subsequently complete the **Equipment List Form**. Additionally, upon saving the **Federal Object Class Categories Form**, you will receive an error message stating that the equipment funding amounts requested in the **Federal Object Class Categories Form** and the **Equipment List Form** must be equal. This error message will clear after you complete the **Equipment List Form**.
 - 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.
 - Equipment that does not meet the \$5,000 threshold listed above should be included in the “Supplies” cost category (row e).
 - If \$0 is entered for the equipment cost category, the **Equipment List Form** cannot be edited.
3. Click on the **[Save and Continue]** button to proceed to the **Project Overview Form**.

3.2 Completing the Project Overview Form

- In the Telehealth section, indicate whether you propose to use IBHS funding for telehealth to increase access to integrated substance use disorder (SUD) and/or mental health services (**Figure 8: Project Overview Form, 1**). Only one option may be selected.

2. In the Pain Management section, indicate whether you are proposing to use IBHS funding to help prevent SUDs through enhanced pain management (**Figure 8: Project Overview Form, 2**). Only one option may be selected.
3. In the Technical Assistance section, identify which technical assistance topics area(s) would support the successful implementation of your IBHS project (**Figure 8: Project Overview Form, 3**). At least one selection is required.
4. In the Comment section, describe any needs specific to the selected technical assistance topic area(s) or define other topic areas that may support the successful implementation of your IBHS project (**Figure 8: Project Overview Form, 4**). This optional field is open to all applicants, regardless of topic area selected. Up to 1,000 characters, counting spaces, are available in the comment box.
5. For the Scope of Services question (**Figure 9: Project Overview - Scope of Services, 1**), 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 (**Figure 9: Project Overview - Scope of Services, 2**). Your brief description may be up to 1,000 characters, including spaces.
6. Click on the **[Save and Continue]** button to proceed to the **Project Plan Form**.

Figure 8: Project Overview Form

The screenshot shows the 'Project Overview' form interface. At the top, there is a 'Note(s)' section with a link to Appendix B. Below this is a navigation bar with 'Due Date' and 'Section Status' fields. The main content area is divided into sections: 'Resources', 'Telehealth', 'Pain Management', and 'Technical Assistance'. Each section contains a question and two radio button options. Callout 1 points to the 'Telehealth' section, callout 2 to the 'Pain Management' section, callout 3 to the 'Technical Assistance' section, and callout 4 to the 'Comment' section at the bottom. The 'Technical Assistance' section has a 'Select All That Apply' header and a list of topics with checkboxes. The 'Comment' section has a text area with a character count limit of 1,000.

Figure 9: Project Overview - Scope of Services

3.3 Completing the Project Plan Form

The **Project Plan Form** requires you to provide objectives for your IBHS project plan, the activities you will take to achieve them, and the related outputs. On the **Manage Project Plan** page, described below, you will create objectives and enter their related activities and outputs. You must create at least two objectives to complete the Project Plan Form. At least one objective must address increasing SUD and/or mental health personnel full-time equivalents (FTEs), and at least one objective must address increasing SUD and/or mental health patients. Each objective must have at least two activities and two outputs. Refer to the IBHS Instructions available on the [IBHS Technical Assistance Web Page](#) for details about these proposal requirements.

Figure 10: Project Plan Form

1. To create an objective, click on the **[Create Objective]** button (**Figure 10: Project Plan Form, 1**) to proceed to the **Manage Project Plan Form**.
2. On the **Manage Project Plan Form**, first enter an objective (**Figure 11: Manage Project Plan Form, 1**).

3. Next, in the Activity field (**Figure 11: Manage Project Plan Form, 2**), enter a succinct description of an activity that will help achieve the objective (maximum 300 characters counting spaces) and click the **[Add]** button (**Figure 11: Manage Project Plan Form, 3**). Repeat until all activities for the objective are added to the Activity field.
4. To create an output, first select the target completion date (must be after 9/1/2019) (**Figure 11: Manage Project Plan Form, 4**), then describe the output in the Outputs field (**Figure 11: Manage Project Plan Form, 5**) (maximum 300 characters counting spaces), and click the **[Add]** button (**Figure 11: Manage Project Plan Form, 6**). Repeat until all outputs for the objective are added to the Output field.
5. Click on the **[Save and Continue]** button (**Figure 11: Manage Project Plan Form, 7**) to return to the **Project Plan Form**. The saved completed objective should now be visible on the **Project Plan Form**. Repeat steps 1 through 4 to create your next objective.
6. To revise an objective, including its activities or outputs, click the **[Edit]** button on the **Project Plan Form** to return to the **Manage Project Plan Form**. Make necessary revisions and then click on the **[Save and Continue]** button (**Figure 11: Manage Project Plan Form, 7**) to return to the **Project Plan Form**.
7. When all objectives are completely and correctly entered, click the **[Save and Continue]** button on the **Project Plan Form** (**Figure 10: Project Plan Form, 2**) to proceed to the **Staffing Impact Form**.

Figure 11: Manage Project Plan Form

Manage Project Plan

Note(s):

- An Objective must be created before entering related Activities and Outputs.
- A target completion date must be entered to create an Output.
- To change a saved Activity or Output, copy the text, then paste the copied text into the editable Activity or Output field, and update as necessary. Delete the Activity or Output you no longer need.
- To delete an Activity or an Output, select the checkbox next to that Activity or Output and click "Delete." You may delete more than one entry by selecting multiple Activities or Outputs.

Due Date: (Due In:) | Section Status:

Resources

View

FY 2019 IBHS User Guide | Funding Opportunity Announcement

Fields with * are required

* Objective (Up to 300 characters counting spaces)

* Activity (Up to 300 characters counting spaces)

Target Date: (Up to 300 characters counting spaces)

* Output (Up to 300 characters counting spaces)

Buttons: Add, Delete, Add, Delete, Add, Delete, Cancel, Save, Save and Continue

Numbered callouts (1-7) point to: 1. Objective text field; 2. Activity text field; 3. Activity Add button; 4. Target Date field; 5. Output text field; 6. Output Add button; 7. Save and Continue button.

3.4 Completing the Staffing Impact Form

The **Staffing Impact Form** requires you to identify proposed SUD and/or mental health personnel who will be supported by IBHS funding. You must propose to add at least 0.5 FTE new direct hire staff and/or new contractors. Position descriptions are available in the [2018 UDS Manual](#).

1. Enter FTEs for “New Direct Hire Staff FTEs Proposed” and/or “New Contractor/Agreement FTEs Proposed” to be supported by IBHS funding for each personnel position. (**Figure 12: Staffing Impact Form, 1**).
2. Enter zero (“0”) for personnel fields for which you do not intend to add FTE. No category fields may be left blank.

Note:

- The sum of “New Direct Hire Staff FTEs Proposed” and “New Contractor FTEs Proposed” must be equal to or greater than 0.5 FTEs (**Figure 12: Staffing Impact Form, 2**).
3. Click on the **[Save and Continue]** button to proceed to the **Patient Impact Form**.

Figure 12: Staffing Impact Form

Project Impact (Staffing Impact)

Resources: [View](#) | [FY 2019 EBHS User Guide](#) | [Funding Opportunity Announcement](#)

Due Date: (Due In: Days) | Section Status:

Staffing Impact | Patient Impact

Note(s):
You must propose to add at least 0.5 SUD and/or mental health services personnel FTE within 8 months of award (by April 30, 2020). Refer to the [2018 Uniform Data System Manual](#) for staffing position definitions. Refer to Appendix B of the EBHS Instructions for detailed guidance on completing this form.

Fields with * are required

Staffing Positions by Major Service Category	New Direct Hire Staff FTEs Proposed	New Contractor/Agreement FTEs Proposed
Psychiatrists	<input type="text"/>	<input type="text"/>
Licensed Clinical Psychologists	<input type="text"/>	<input type="text"/>
Licensed Clinical Social Workers	<input type="text"/>	<input type="text"/>
Other Licensed Mental Health Providers (e.g., psychiatric social workers, psychiatric nurse practitioners, family therapists) Please Specify: <input type="text"/>	<input type="text"/>	<input type="text"/>
Other Mental Health Staff (e.g., "certified" individuals who provide counseling, treatment, or support to mental health providers) Please Specify: <input type="text"/>	<input type="text"/>	<input type="text"/>
Substance Use Disorder Providers	<input type="text"/>	<input type="text"/>
Family Physicians	<input type="text"/>	<input type="text"/>
General Practitioners	<input type="text"/>	<input type="text"/>
Internist	<input type="text"/>	<input type="text"/>
Obstetrician/Gynecologist	<input type="text"/>	<input type="text"/>
Podiatrists	<input type="text"/>	<input type="text"/>
Other Specialty Physicians and Sub-Specialists (e.g., Emergency Medicine, Addiction Medicine, Pain Medicine, Infectious Disease) Please Specify: <input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Practitioners	<input type="text"/>	<input type="text"/>
Physician Assistants	<input type="text"/>	<input type="text"/>
Certified Nurse Midwives	<input type="text"/>	<input type="text"/>
Nurses	<input type="text"/>	<input type="text"/>
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)	<input type="text"/>	<input type="text"/>
Laboratory Personnel	<input type="text"/>	<input type="text"/>
Pharmacy Personnel	<input type="text"/>	<input type="text"/>
Case Managers	<input type="text"/>	<input type="text"/>
Patient/Community Education Specialists	<input type="text"/>	<input type="text"/>
Outreach Workers	<input type="text"/>	<input type="text"/>
Transportation Staff	<input type="text"/>	<input type="text"/>
Eligibility Assistance Workers	<input type="text"/>	<input type="text"/>
Interpretation Staff	<input type="text"/>	<input type="text"/>
Community Health Workers	<input type="text"/>	<input type="text"/>
Other Enabling Services Staff (e.g., staff who support outreach, care coordination, transportation) Please Specify: <input type="text"/>	<input type="text"/>	<input type="text"/>
Other Professional Health Services Staff (e.g., physical therapists, occupational therapists, acupuncturists) Please Specify: <input type="text"/>	<input type="text"/>	<input type="text"/>
Subtotal	0	0
Total FTEs	0	0

Go to Previous Page | Save | Save and Continue

3.5 Completing the Patient Impact Form

The **Patient Impact Form** (Figure 13) requires you to propose an increase in the total number of patients who will newly access SUD and/or mental health services as a result of IBHS funding. Refer to the IBHS Instructions and example Patient Impact Form available on the [IBHS Technical Assistance Web Page](#).

1. In the Existing Patient Impact section, enter the number of “Total Unduplicated Existing Patients” in response to Question 1 (Figure 13: Patient Impact Form, 1). Next, enter the number of existing patients who will receive SUD services in response to Question 2A (Figure 13: Patient Impact Form, 2). Finally, enter the number of existing patients who will receive mental health services in response to Question 2B (Figure 13: Patient Impact Form, 3).
2. In the New Patient Impact section, enter the number of “Total Unduplicated New Patients” in response to Question 3 (Figure 13: Patient Impact Form, 4). Next, enter the number of new patients who will receive SUD services in response to Question 4A (Figure 13: Patient Impact Form, 5). Finally, enter the number of new patients who will receive mental health services in response to Question 4B (Figure 13: Patient Impact Form, 6).

Note:

- You must provide projections for Question 1 (existing patients) (Figure 13: Patient Impact Form, 1) and/or Question 3 (new patients) (Figure 13: Patient Impact Form, 4).
 - If you propose a number greater than zero for Question 1 (Figure 13: Patient Impact Form, 1), you must provide a number greater than zero in Question(s) 2A and/or 2B (Figure 13: Patient Impact Form, 2, 3).
 - If you propose a number greater than zero for Question 3 (Figure 13: Patient Impact Form, 4), you must provide a number greater than zero in Question(s) 4A and/or 4B (Figure 13: Patient Impact Form, 5, 6).
3. If you propose a number greater than zero for Question 3, you must provide the number of proposed new patients according to H80 population type in the "New Patients by Population Type" section. This information will be used to populate future Budget Period Progress Report submissions.

Note:

- The value of “Total NEW Patients by Population Type” (Figure 13: Patient Impact Form, 7) must equal the value of “the Total Unduplicated NEW Patients” (Figure 13: Patient Impact Form, 4).
4. Click on the **[Save and Continue]** button to proceed to the **Equipment List Form**.

Figure 13: Patient Impact Form

You are here: Home » Tasks » Browse » Grant Application (161151) » Program Specific Information [] » Project Impact

TASKS

- Program Specific Information
- Overview
 - Status Overview
- Budget Information
 - Federal Object Class Categories
- Project Information
 - Project Overview
 - Project Plan
 - Project Impact**
- Other Information
 - Equipment List
- Review
 - Program Specific Forms
- All Forms
- Overview
 - Appendices
 - Complete Status
 - Submit

Project Impact (Patient Impact)

00161151: WHITCOMBE BEAUTY MEDICAL CENTER Due Date: 06/24/2019 (Due In: 110 Days) | Section Status: Not Started

Resources [?]
View
FY 2019 IBHS User Guide | Funding Opportunity Announcement

Staffing Impact Patient Impact

Note(s):
You must propose to increase the total number of patients who will access SUD and/or mental health services as a result of IBHS funding. Refer to the 2018 Uniform Data System Manual for patient definitions. Refer to Appendix B of the IBHS Instructions for detailed guidance on completing this form.

Patient Impact Questions

Existing Patient Impact

1. **Total Unduplicated Existing Patients:** Enter the total number of existing patients who will newly access SUD and/or mental health services in calendar year 2020 as a result of IBHS funding (e.g., existing medical patients not currently accessing these services that will begin to do so). 1

Attribute each patient to EITHER SUD or mental health in your response to Question 1, even if some existing patients are expected to access both expanded services (i.e., count each existing projected patient only once in this unduplicated patient projection).

2. **Existing Patients by Service Type:** Enter the number of existing patients who will newly access each service as a result of IBHS funding in calendar year 2020 below. 2

Count each projected existing patient according to the services they are expected to access. If a patient will start accessing both SUD and mental health services, they should be counted once for SUD and once for mental health.

A. SUD Services Patients 3

B. Mental Health Services Patients

New Patient Impact

3. **Total Unduplicated New Patients:** Enter the number of new patients (new to the health center) who will access SUD and/or mental health services in calendar year 2020 as a result of IBHS funding. 4

Attribute each patient to EITHER SUD or mental health in your response to Question 3, even if some new patients are expected to access both expanded services (i.e., count each new projected patient only once in this unduplicated patient projection).

Note: New unduplicated projected patients entered in response to this question will be added to your patient target. Failure to achieve this new patient projection by December 31, 2020 may result in a funding reduction when your service area is next competed through Service Area Competition (SAC). See the SAC technical assistance website for patient target resources.

4. **New Patients by Service Type:** Enter the number of new patients (new to the health center) who will access each service in calendar year 2020 below. 5

Count each projected new patient according to the services they are expected to access. If a new patient will access both SUD and mental health services, they should be counted once for SUD and once for mental health.

A. SUD Services Patients 6

B. Mental Health Services Patients

New Patients by Population Type

Note(s):
Enter the total number of new unduplicated patients by Health Center Program population type. The total must equal the number of new unduplicated patients entered in response to Question 3 above, if any. The information entered in the table below will be used to populate future Budget Period Progress Reports.

Population Type	NEW Patients Projected
Total NEW Patients (from Question #3)	
General Underserved Community	
Migratory and Seasonal Agricultural Workers	
Public Housing Residents	
People Experiencing Homelessness	
Total NEW Patients by Population Type	0 7

Go to Previous Page Save Save and Continue

Acceptable Use Policy | Accessibility | Site Map (Coming Soon) | Viewers And Players | Contact Us Product: GAAM | Platform #: 4.7.7.1 | Build #: 17.0.0.92 | Environment: UAT

Last Login: 03/06/19 1:56:00 PM ET HRSA

3.6 Completing the Equipment List Form

If you requested IBHS funding in the Equipment cost category of the [Federal Object Class Categories Form](#) (line d), provide the required details in the **Equipment List Form** for each proposed equipment purchase. Equipment costs entered here should also be consistent with costs proposed in the **Budget Narrative** attachment.

If you did not request funding for equipment costs in the [Federal Object Class Categories Form](#) line d, then the **Equipment List Form** does not apply to you and cannot be edited.

1. Click the **[Add]** button ([Figure 14](#)) to proceed to the **Equipment Information - Add Form** ([Figure 15](#)).

Figure 14: Equipment List Form



Figure 15: Equipment Information - Add Form



2. Select equipment “Type”, either “Clinical” or “Non-Clinical” ([Figure 15: Equipment Information - Add Form, 1](#)).
3. Enter a brief narrative “Description” of the equipment item, up to 50 characters counting spaces.
4. Enter the “Unit Price (\$)”. To be classified as equipment, the “Unit Price” must be at least \$5,000.

Note:

- 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 on the **[Save and Continue]** button to return to the **Equipment List Form** ([Figure 16: Equipment List Form with Equipment Added](#)).

- To edit an equipment item, click on the **Update** link under the “Options” menu (**Figure 16: Equipment List Form with Equipment Added, 1**). To delete an equipment item, click on the **Delete** link under the “Options” menu (**Figure 16: Equipment List Form with Equipment Added, 2**).

Note:

- The total equipment costs listed on the **Equipment List Form** and the **Federal Object Class Categories Form** must be equal. If they differ, upon saving the **Equipment List Form**, the both forms’ statuses will become “not complete.” You must revise the **Equipment List Form** and/or return to the **Federal Object Class Categories Form** to make necessary revisions to make the equipment costs equal.
- Click on the **[Save and Continue]** button to proceed to the **Program Specific Forms – Review** page.

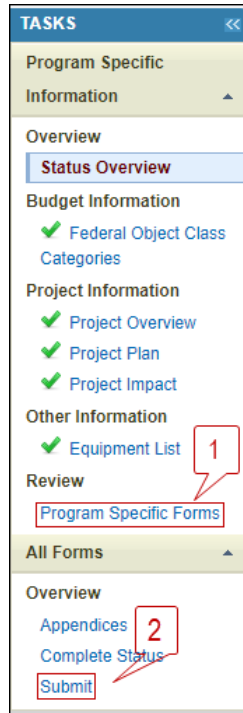
Figure 16: Equipment List Form with Equipment Added

Type	Description	Unit Price	Quantity	Total Price	Options
Non-Clinical	EHR Software Upgrade	\$10,000.00	4	\$40,000.00	Update 1
Non-Clinical	Server	\$5,000.00	2	\$10,000.00	Action Update 2 Delete
Total			6	\$50,000.00	

4. Reviewing and Submitting the IBHS Application

- Review the Program Specific forms to ensure that all information is accurate. Access each form by clicking **View** under the “Options” menu in the form’s line. Alternately, you may access them through the **Program Specific Forms** link at the bottom of the left navigation menu (**Figure 17: Program Specific Information Section Review Program Specific Forms and Submit Links, 1**).
- If you have Standard section forms that are incomplete, you will click the “Continue to Complete Status” button to proceed to the **Application-Status Overview Page**. Forms that are incomplete or have errors will be have a status of “Not Complete”. Click on the **Update** link under the “Options” menu to access each form requiring revision. Make necessary changes and click Save and Continue.
- When all Standard section and Program Specific forms are complete and accurate, click the **Submit** link in the All Forms left navigation menu (**Figure 17: Program Specific Information Section Review Program Specific Forms and Submit Links, 2**).

Figure 17: Program Specific Information Section Review Program Specific Forms and Submit Links



4. 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 AO can then submit the application with the **[Submit to HRSA]** button.

You are strongly encouraged to notify the AO directly that the application is available for their review. Ensure that your health center leaves adequate time for the AO to complete the submission process before the application deadline.

5. To submit the application, click the **[Submit to HRSA]** button.
6. 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 IBHS application to HRSA.
7. If you experience any problems with submitting the application in EHBs, contact Health Center Program Support at 1-877-464-4772 (Monday – Friday, 8:30 a.m. - 5:30 p.m. ET). Or, send an email through the BPHC Contact Form (https://bphcommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form).