

**FY 2014 Mental Health Service Expansion –
Behavioral Health Integration (BHI)
Supplemental Funding Opportunity Announcement (FOA)
Frequently Asked Questions (FAQs)
HRSA-14-110**

Below are frequently asked questions and answers for the fiscal year (FY) 2014 Mental Health Service Expansion – Behavioral Health Integration (BHI) funding opportunity (HRSA-14-110). New FAQs will be added as necessary, so please check the BHI Technical Assistance Webpage located at <http://www.hrsa.gov/grants/apply/assistance/bhi> frequently for updates. The FAQs are organized under the following topics:

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General Information

1. What is the purpose of the BHI funding opportunity?

The purpose of this competitive grant opportunity, supported by the Affordable Care Act (P.L. 111-148), is to improve and expand the delivery of behavioral health services through the establishment and/or enhancement of an integrated primary care behavioral health model at existing Health Center Program grantee sites. Specifically, this funding opportunity will 1) increase access to behavioral health services, and 2) increase the number of health centers with integrated primary care and behavioral health models of care.

2. How much funding is available to support BHI grants in FY 2014?

HRSA anticipates awarding approximately \$50 million to fund 200 grant awards of up to \$250,000 each to current Health Center Program grantees in Fiscal Year 2014.

3. What is the deadline for submitting the BHI application?

There is a two-phase application submission process for the FY 2014 BHI funding opportunity. Please see page 6 and Table 1 of the BHI application.

Phase 1 – Grants.gov: due March 3, 2014 (11:59 PM ET)

Phase 2 – HRSA Electronic Handbook (EHB): due April 3, 2014 (5:00 PM ET)

4. If a grantee receives multiple Health Center Program funding streams (i.e., CHC, MHC, HCH, and PHPC), should the BHI application include all of these populations?

Yes. Funding must be requested in the same proportion of current grant funding, and all populations currently targeted must have access to increased behavioral health services.

5. Can I add a new site through BHI funding?

No, sites cannot be added through the BHI funding opportunity. A health center that would like to add a new site to scope should work with its H80 Project Officer to submit a Change in Scope (CIS) request via the EHB CIS module.

Eligibility

6. What organizations are eligible for the BHI funding opportunity?

The BHI funding opportunity is open to Health Center Program grantees currently receiving funding under Community Health Centers (CHC) – section 330(e), Migrant Health Centers (MHC) – section 330(g), Health Care for the Homeless (HCH) – section 330(h), and Public Housing Primary Care (PHPC) – section 330(i).

Organizations receiving initial Health Center Program grant funding in FY 2013 and FY 2014 are **not eligible** for BHI funding (i.e., new start New Access Point awardees receiving initial funding in September 2013 or November 2013).

7. My organization received a NAP award in 2013 – does that mean we are not eligible to apply for BHI funding?

Only Health Center Program grantees that received initial – or “New Start” – New Access Point (NAP) awards in FY 2013 or FY 2014 are ineligible for BHI funding. A New Start NAP award means that an organization is receiving Health Center Program grant funding for the very first time. Grantees that received their initial Health Center Program award via a New Start NAP award in September 2013 or November 2013 are not eligible to apply.

Organizations that applied for NAP funding in FY 2013 or FY 2014 as satellite applicants and subsequently received supplemental NAP awards (i.e., organizations that were already receiving Health Center Program operational funding at the time of NAP application and award) are eligible to apply for the BHI funding opportunity.

8. Can a Health Center Program grantee subcontractor apply for BHI funding?

No, only current Health Center Program grantees are eligible to apply for this funding opportunity. However, if a subcontractor-operated site is included in a grantee’s approved scope of project (on Form 5B), the grantee may submit an application for BHI funding that will support the addition of new BHI staff at the subcontractor-operated site.

- 9. Grantees with 5 or more active 60-day conditions, or 1 more active 30-day conditions, at the time of award will not be awarded BHI supplemental funding. Does this include all conditions, including scope verification and construction/alteration-related conditions?**

Only progressive action conditions related to Health Center Program requirements will be considered when determining if grantees are able to receive a BHI award. Scope verification and construction/alteration-related conditions are not included. Please contact your Project Officer for any questions regarding the current status of your grant and any grant conditions.

- 10. When will HRSA be assessing the status of conditions?**

Conditions assessment will occur approximately 45 days prior to the projected award date of August 1, 2014.

- 11. Are grantees expected to have Patient Centered Medical Homes (PCMH) recognition in order to apply for the BHI funding?**

No – although PCMH recognition is an important acknowledgement of integrative care services, the sites do not have to be PCMH recognized to be included in the BHI funding application.

Program Requirements

- 12. What are considered eligible behavioral health services?**

Behavioral health services include mental health and substance abuse services. Applicants can propose to add new behavioral health services through the BHI application to ensure that needed services are available onsite or through a formal written contract/agreement.

- 13. Does the behavioral health definition include mental health?**

Yes, behavioral health includes both mental health and substance abuse.

- 14. How does HRSA define “Behavioral Health” in reference to BHI funding?**

For the purposes of the BHI funding opportunity, behavioral health includes mental health and substance use. However, note that for the purposes of Form 1A only, the term “behavioral health” references only mental health providers/services.

- 15. Updated: Are there activities that are ineligible for BHI funding?**

Yes. BHI funding may not be used for construction, fundraising, non-BHI services, primary care providers (see more information in FAQ #42), or lobbying efforts. See the HHS Grants Policy Statement available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf> for details on allowable and unallowable costs.

16. Can I propose to use BHI funds to deliver a specialty service?

BHI funding may be used to expand behavioral health-related specialty services currently in scope via the mode of provision already established (e.g., specialty services currently available via contract can be included through contract only). The exception is psychiatry which may be added to scope or provided through a new mode of delivery.

17. For the minimum requirement of at least 1.0 onsite, full-time equivalent (FTE) licensed behavioral health provider, what level of licensure is needed?

For purposes of the BHI opportunity, a Licensed Behavioral Health Provider is defined as an individual required to be licensed by the state, commonwealth or territory in which a health center is located. The definition and requirements around licensing will vary dependent upon state/legal jurisdiction. The requirement for the BHI funding opportunity puts no limitations on licensure (e.g., there is no requirement that the new 1.0 FTE must be a licensed independent provider). It is up to applicants to determine which licensed behavioral health position(s) should be proposed to meet the needs identified in the BHI application.

18. What behavioral health or other positions can be included with application?

To be eligible, an application must propose to add at least one onsite full time equivalent (FTE) licensed behavioral health provider. The one FTE can be a new licensed staff member, a new licensed contractor who will provide services onsite or a combination of such part-time providers to equal one FTE. Additional behavioral health staff (with or without licensing) may also be hired as funding permits.

19. Does the service area map have to include all behavioral health providers in the service area, or can I focus only on behavioral health providers that serve our target population?

Applicants must upload a service area map that indicates the applicant's sites along with the locations of other behavioral health providers in the service area, including other Health Center Program grantees and look-alikes, critical access hospitals, health departments, rural health clinics, and community behavioral health centers. Maps should focus only on those community behavioral health providers that make services available to the same target population. Applicants may further describe all of the behavioral health providers in the service area in the Project Narrative under Question #3 in the NEED section (on page 15 of the FOA).

Application Development

20. Where can I access the BHI Instructions?

The BHI Funding Opportunity Announcement (FOA) and application package are available at <http://www.grants.gov/>.

21. How do I submit my BHI application and when is it due?

There is a two-phase application submission process for the FY 2014 BHI Funding Opportunity Announcement.

Phase 1 – Grants.gov: March 3, 2014 (11:59 PM ET)

Phase 2 – HRSA EHB: April 3, 2014 (5:00 PM ET)

22. When can applicants begin the HRSA EHB submission process?

Applicants can only begin Phase 2 in HRSA EHB after Phase 1 in Grants.gov has been completed by the Grants.gov due date (March 3, 2014) and HRSA has issued an email confirmation to the Authorizing Official with the application tracking number. The Authorizing Official(s) registered in Grants.gov will be notified by email when the application is ready within EHB. Please note that the HRSA EHB portion of the application will not be available until February 26, 2014.

23. What is the page limit for the FY 2014 BHI funding opportunity?

There is an 80-page limit on the length of the total application when printed by HRSA. For information on what is included in the page limit, see Table 1-4 of the BHI FOA.

24. Does HRSA have formatting guidelines (e.g., font type, font size) or upload requirements for the attachments such as the Program Narrative Update and the Budget Narrative?

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

25. How will applicants be notified if their application was not successfully submitted in Grants.gov and/or EHB?

Applicants should monitor their e-mail accounts, including spam folders, for e-mail notifications and/or error messages from Grants.gov. In EHB, all validation errors must be resolved in advance of the due date before the application can be submitted to HRSA. For more information see the *HRSA Electronic Submission Application User Guide* available at <http://www.hrsa.gov/grants/apply/userguide.pdf>.

26. Are there any recommended sources of data for the Need section of the Program Narrative?

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

- Community Health Status Indicators (<http://www.cdc.gov/CommunityHealth/HomePage.aspx>)
- SAMHSA National Survey on Drug Use and Health (<http://www.samhsa.gov/data/NSDUH.aspx>)
- CDC WONDER (<http://wonder.cdc.gov>)

Project Work Plan

27. How should the Project Work Plan be completed?

A sample work plan and guidance for completion can be downloaded from <http://www.hrsa.gov/grants/apply/assistance/bhi>.

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

The Project Work Plan goals must outline goals, objectives, action steps, and additional required information related to the accomplishment of BHI proposed outcome by the end of the 2-year project. The activities must cover the two-year timeframe.

Performance Measures (includes **NEW** items)

29. What performance measures are required?

The new *Depression Screening and Follow Up* performance measure is required for all applicants. Information about this measure is available at [Program Assistance Letter 2014-01](#). Additionally, applicants are expected to establish a goal for screening, brief intervention, and referral to treatment (SBIRT) as part of the application.

30. Can you further define the numerator and denominator for the Depression Screening and Follow Up performance measure?

This measure is designed to track depression screening with appropriate follow-up for all patients aged 12 and older. The numerator should include the number of patients aged 12 years or older who were 1) screened for depression and screened negative, AND 2) screened for depression, screened positive, and had documented follow up action.

Example: A health center has 1000 patients aged 12 and older, and 500 of them were screened for depression. Of those screened, 200 were considered depressed (screened positive). The other 300 screened negative. Of the 200 that screened positive, 150 had a documented follow-up plan.

For this example, the numerator should be 450:

- The 300 that screened negative, plus
- The 150 that screened positive AND had a documented follow-up plan.

The denominator should be 1000:

- The number of patients aged 12 years and older that were seen as medical patients during the measurement year (1000 patients in this example).

So the baseline percentage would be 45 percent (450/1000).

31. What should a grantee indicate as a SBIRT baseline if they have never reported the SBIRT measure in UDS?

As stated in the BHI FOA, applicants may list zero as the baseline and establish a goal for the end of the two-year period.

32. NEW: Why does the definition of SBIRT for the Supplemental Information Form differ from the way the rest of the FOA describes SBIRT?

The BHI supplemental funding opportunity focuses on a broad definition of the SBIRT model utilized by providers to screen patients for a spectrum of behavioral health conditions (e.g., depression, alcohol and substance abuse), with appropriate brief intervention and referral to treatment. Applicants should use the narrative portions of the application to describe their broad SBIRT approach.

The numeric SBIRT goal for the Supplemental Information Form is designed to facilitate Universal Data System (UDS) SBIRT goal setting and reporting. The UDS reporting captures the number of SBIRT services rendered and billed with CPT codes 99408-99409 (SBIRT services for alcohol and substance abuse).

Budget Presentation (includes NEW items)

33. Why is the new Federal Object Class Categories form necessary?

The Federal Object Class Categories form has been added to capture details on the federal funding request. This information will enable HRSA to review the proposed use of federal grant dollars to ensure that all applicable requirements (such as the salary limitation) are followed.

34. Is the budget narrative the same thing as a budget justification?

Yes, for the purpose of the BHI FOA, they are the same. The sample Budget Narrative provided at the BHI TA web site, <http://www.hrsa.gov/grants/apply/assistance/bhi>, includes a box for providing any narrative explanation of costs necessary beyond what is provided in the line-item descriptions.

35. What format is required for the budget narrative?

The Budget Narrative is a document that will be uploaded in the Budget Narrative Form section in EHB. The TA webpage includes a sample budget narrative, but an applicant may provide the budget narrative in another format as long as all required information is included.

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

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

37. May I use BHI funds to provide psychiatry services if psychiatry is not currently in my approved scope of project?

Applicants may propose to add psychiatry services via Form 5A included in the BHI application.

38. Can my health center use the BHI funds to cover renovation or construction costs?

No.

39. What costs are allowable under the BHI funding opportunity related to electronic health records (EHR) and telebehavioral health systems?

BHI funding can be used to optimize or upgrade your existing EHR System as needed as part of the proposed BHI project. Applicants may request up to \$40,000 of Year 1 funding to support the purchase of relevant equipment, including EHR equipment and telebehavioral health equipment. Applicants must provide details about how these items will be used as a necessary part of the proposed BHI project in the Budget Justification and must clearly indicate how funding used to support equipment in Year 1 will be used to support operations in Year 2 if the same amount of funding is requested in each year. Applicants must also complete an Equipment List form.

EHR-related provider licensing costs should be included in the 'Other' cost category, not under 'Equipment.' See Appendix E of the BHI Funding Opportunity Announcement for details.

40. Can I use BHI funds for recruitment bonuses to improve our success in securing qualified licensed behavioral health providers for this project?

Recruitment bonuses used to recruit relevant behavioral health providers may be part of the providers' salary package, if consistent with standard practice at the applicant organization. However, all applicants are required as part of this funding opportunity to add 1.0 licensed provider FTE.

41. Can I use BHI funds to cover recruitment fees charged as a result of hiring/contracting with a recruitment firm to assist with recruiting qualified licensed behavioral health providers for this project?

If an applicant organization contracts with an outside recruitment agency to hire an appropriate behavioral health provider as part of the BHI funded project, that cost or fee would be allowable.

42. NEW: Can I use BHI funds to cover time that primary care providers spend in SBIRT training or team-based care meetings?

The intent of the BHI supplemental funding is to support new behavioral health providers and to support integration of behavioral health and primary care in health centers. The grant requires that at least one new onsite full-time equivalent (FTE) licensed behavioral health care provider will be in place within 120 days of

notice of award (e.g., licensed psychologist, licensed professional counselor, licensed clinical social worker). Additional behavioral health staff (with or without licensing) may also be hired as funding permits. To the extent necessary, BHI funding may be utilized to cover lost revenue due to primary care provider time spent in training aligned with the intent of the funding opportunity.

Applicants should include in the Budget Justification and Project Narrative details an explanation of any funds proposed to support primary care provider time or activities.

43. NEW: Is the HRSA Veteran's Hiring Initiative applicable to the BHI Funding Opportunity?

Yes. HRSA encourages health centers to consider hiring qualified veterans for positions supported by BHI supplemental funding. In 2011, HRSA launched the Health Centers Hire Veterans Challenge with a goal to hire an average of one veteran per grantee site, or approximately 8,000 veterans nationwide. More information about the Health Centers Hire Veterans Challenge is found at <http://bphc.hrsa.gov/veterans>.

44. How much information does HRSA require on staff supported with non-federal funding (not paid with any section 330 funds)?

Consistent with past practice, applicants can reference Form 2: Staffing Profile as justification for staff supported with non-federal funding.

45. What is the cap for Federal BHI funds that can be requested?

Funding requests cannot exceed \$250,000 each year in Years 1 and 2 via the BHI application.

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

Contact Brian Feldman in HRSA's Division of Grants Management Operations 301-443-3190 or bfeldman@hrsa.gov.

Program Specific Forms

47. What is the Federal Object Class Categories form?

The Federal Object Class Categories form has been added to capture details on the federal and non-federal funding request.

48. What information is captured on the new Supplemental Information Form?

This new form was designed to capture information specific to the BHI funding requirements. It will capture baseline and goal SBIRT data as well as details about the new behavioral health staff to be added via supplemental funding.

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

For the **Patients and Visits by Service Type** section of Form 1A, applicants are required to report projected patient and visit numbers for new patients to receive each service type as a result of the BHI project. For this section of the form only, “new” is defined as both 1) new patients to the health center, as well as 2) current patients who have not previously received each service type (i.e., behavioral health, substance abuse, enabling) via the health center.

An individual who receives multiple types of services should be counted once for each service type (e.g., once for behavioral health – defined as mental health for Form 1A only – and once for substance abuse services). Within each relevant service type category (i.e., behavioral (mental) health, substance abuse, and enabling services), an individual can only be counted once as a patient.

For the **Unduplicated Patients and Visits by Population Type** section of Form 1A, applicants should include only NEW patients that will receive services at the health center as a result of the BHI project by the end of the 2-year project. Data reported for patients and visits should not be duplicated within or across the four target population categories (i.e., General Community, Migratory and Seasonal Agricultural Workers, Public Housing Residents, Homeless Persons).

Award Information and Reporting Requirements

50. When will BHI funds be awarded?

HRSA anticipates awarding funds on/about August 1, 2014.

51. How many BHI grants does HRSA intend to award?

HRSA expects to award 200 supplemental grants of up to \$250,000 each.

52. What is the length of the project?

HRSA has established a two-year project period for the BHI grant award. Awards will be prorated to align with current budget project period. Dependent upon Congressional appropriation and satisfactory performance, BHI funding will be ongoing beyond the initial project period.

53. What are the reporting requirements for the BHI award?

BHI recipients will report progress toward behavioral health integration and the other goals of the BHI project (i.e., SBIRT, depression screening and treatment, staff and patient increases) in the yearly Budget Period Progress Report and Service Area Competition application. Data in the annual UDS Report will also be used to track progress.

Technical Assistance and Contact Information

54. Who should I contact with programmatic questions concerning the BHI submission requirements and process?

Refer to the BHI TA page at <http://www.hrsa.gov/grants/apply/assistance/bhi> for TA slides, a recording of the grantee TA call, FAQs, and samples of the Program Specific Forms, among other resources. Grantees may also contact staff in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCBHI@hrsa.gov or 301-594-4300.

55. Who should I contact with budget-related questions?

Contact Brian Feldman in HRSA's Division of Grants Management Operations 301-443-3190 or bfeldman@hrsa.gov.

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

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

57. If I encounter technical difficulties when trying to submit my application in HRSA EHB who should I contact?

Contact the BPHC Helpline Monday through Friday, 8:30 AM to 5:30 PM ET (excluding Federal holidays) at 1-877-974-2742 or BPHCHelpline@hrsa.gov.