Rural Communities Opioid Response Program-Neonatal Abstinence Syndrome (NAS)

Frequently Asked Questions (FAQs)

Last updated July 9, 2020

General Application FAQs:

1. I am having difficulty finding the Notice of Funding Opportunity (NOFO) – can you direct me to the full application instructions?
    - Direct link to NOFO (Click on "Package"→"Preview"→"Download Instructions")
    - To apply: Go to opportunity HRSA-20-106 on Grants.gov and click apply!
    - HRSA's website also has a brief summary of the funding opportunity and a link to the NOFO.

2. I was unable to attend HRSA's Technical Assistance Webinar for this funding opportunity. Is the webinar recording available?
    - The full webinar recording is here: https://hrsa.connectsolutions.com/ppom5a5ok368/
    - The webinar slides are available for download on the HRSA-NAS website, linked here.
    - The audio-only recording is available at: 1-800-282-8361, passcode: 2651580

3. I am having difficulty accessing/navigating grants.gov. How do you recommend I proceed?
    - Applicants should contact the grants.gov support team at: 1-800-518-4726 or support@grants.gov

4. I am having difficulty accessing the System for Award Management (SAM) to register or update my account. How do you recommend I proceed?
    - Contact the Federal Support Desk at https://www.fsd.gov/fsd-gov/home.do. They can assist you with creating an account; assigning roles to an account; entity registrations; exclusions; and searching for data in SAM.
    - Please note: you must submit your application electronically by the deadline posted on the NOFO. If you need to request a waiver from the submission requirement, you must request an exemption in writing from DGPWaivers@hrsa.gov within 5 calendar days of the opportunity's closing date, and provide details as to why you are technologically unable to submit electronically through the Grants.gov portal. Please refer to pages 16-17 of the SF-424 Application Guide.

5. I have a specific question about the Notice of Funding Opportunity that is not answered here. Where can I go for more information?
    - Please review the TA webinar recording if you have not already.
    - HRSA Staff contact email: ruralopioidresponse@hrsa.gov or Monica Rousseau at (301) 945-0928. Please note that HRSA staff will answer clarifying questions about the NOFO requirements, but cannot provide guidance on proposed approaches.

Eligible entities, consortium members, and proposed service areas:

6. What are the requirements for creating a rural consortium?
    - Please refer to Page 6 of the Notice of Funding Opportunity (NOFO).
    - *Consortia membership:* The applicant organization can be either rural or non-rural, but at least two consortium members must be located in a HRSA-designated rural area, as defined by the Rural Health Grants Eligibility Analyzer. Consortia must be made up of at least four entities with four different EINs. They are expected to be from multiple sectors (public health, health care, education, justice, community organization, etc.). Tribal applicants without four separate EINs may be eligible as long as the four consortium partners serve separate functions (e.g. school administration, health departments, law enforcement, etc.).
    - *Service area:* The proposed service area must be an entirely HRSA-designated rural area and applicants must demonstrate this using the rural analyzer tool and listing service area counties and/or census tracts.
    - *Service delivery sites:* Generally, all service delivery sites providing services under the RCORP-NAS grant must exclusively be located in HRSA-designated rural areas. However, given the shortage of service delivery sites in HRSA-designated rural areas, some exceptions apply for cases in which the provider serves rural populations, but is located in an urban portion of a partially rural county and can establish that the services are related to improving health care in rural areas (as opposed to merely improving the health care of rural populations. These exceptions, which apply exclusively to the RCORP-NAS funding opportunity, can be found on pages 5 and 6 of the NOFO.

7. The rural consortium target population is located in a county that is partially rural. How should my organization address this in the application?
    - Applicants must demonstrate that the target population is located exclusively in the portions of the county that are considered rural: https://www.hrsa.gov/sites/default/files/ruralhealth/resources/forhpeligibleareas.pdf
    - Applicant organizations and consortium members can determine whether their physical street address is located in a HRSA-designated rural area by visiting here: https://data.hrsa.gov/tools/rural-health/

8. Are consortium members required to register in SAM?
    - If awarded funding, grant recipients must notify consortium members who will be serving as sub-contractors/sub-recipients that they must be registered in SAM and provide the grant recipient with their DUNS number. See pp. 29-30 of the HRSA SF424 Application Guide for more information.

9. How will HRSA determine whether a service area is "high risk"?
    - It is up to the applicant to demonstrate their level of need/risk in the Needs Assessment section of the Project Narrative (see pp. 15-17 of the NOFO).

10. My organization has its headquarters in an urban area, but has several rural offices that serve rural populations. Is my organization considered rural?
    - In cases where a satellite office is located in a rural area but shares an EIN with an urban headquarters, the urban parent organization must assure that they will exert no control

over the RCORP-NAS grant. By doing so, the satellite office is eligible as "rural". Please see page 6 of the NOFO for more information.

11. My organization has its headquarters in a rural area, but my satellite office/clinic is located in an urban area? Is my satellite office/clinic considered rural?
    - In cases where a satellite office/clinic is located in an urban area, that satellite office/clinic is considered urban, even though its headquarters are located in a rural area.

12. Can I apply for this funding opportunity if I have received previous RCORP funding (as either the applicant organization or consortium member)?
    - Previous and/or current recipients or consortium members of RCORP-Planning, Implementation, and MAT Expansion awards are eligible, but must clearly demonstrate in Attachment 7 that there is no duplication of effort between the proposed project and any previous or current RCORP project.

13. Can I apply for this funding opportunity if I have recently submitted applications to RCORP-Implementation and RCORP-Planning?
    - Yes. You must ensure that the activities in your applications reflect distinct projects that are significantly different and in line with the requirements stated in each NOFO. HRSA will examine all applications to confirm that the projects are distinct and significantly different before awarding the RCORP-NAS grant. Additionally, if you are awarded multiple RCORP grants, you will be required to submit additional post-award documentation confirming that there will be no duplication of effort between the projects. It is also expected that the projects will coordinate over the course of the entire period of performance to avoid any potential overlap.

14. Are organizations able to apply under more than one consortium?
    - The NOFO limits organizations from serving as the applicant organization on more than one FY20 RCORP-NAS application—i.e., only one application can be associated with an EIN or DUNS number. Applicants may request an exception to this policy if they demonstrate they meet certain criteria, as outlined on page 7 of the NOFO.
    - However, an organization would be eligible to apply as a consortium member for multiple applications, just not as the applicant organization for more than one application.

15. My target service area would be considered rural if the prison population were not included in the population total. Is there an exception available for situations such as this?
    - In determining eligibility for this funding, FORHP realizes there are some metropolitan areas that would otherwise be considered non-metropolitan if the core, urbanized area population count did not include federal and/or state prison populations. Consequently, FORHP has created an exceptions process whereby applicants from metropolitan counties in which the combined population of the core urbanized area is more than 50,000 can request an exception by demonstrating that through the removal of federal and/or state prisoners from that count, they would have a population total of less than 50,000.

- If you are planning to request an exception, it is recommended that you include in your application evidence of the total population of the core urbanized area, along with the federal and/or state prison population. It is recommended that you use data from the Census Bureau and state or Federal Bureaus of Prisons, or Corrections Departments. Data should demonstrate that the total core urbanized area population (which is not the county or town population), minus any state and/or federal prisoners, results in a total population of less than 50,000.

- If it is not possible to determine rural eligibility from evidence provided in the application, HRSA may follow up with the applicant during the review period to request additional information.

Application requirements and allowable costs:

16. Where can I find the data/information required for the Needs Assessment section of the application?
    - Per the notice of funding opportunity, applicants should use the most recent available data/information from appropriate sources (e.g., local, state, tribal, federal) and cite any information they provide. Appendix B contains several resources applicants can leverage.
    - If awarded, the RCORP-TA team is available to help identify appropriate data sources for subsequent reporting cycles.

17. Can award recipients use RCORP-NAS funds to treat urban residents who seek care at their facilities?
    - While award recipients should exclusively target populations residing in HRSA-designated rural areas, it is acceptable if urban residents also happen to incidentally benefit from the grant provided the activity is related to improving health care in rural areas.

18. Since award recipients will be working closely with an external RCORP evaluator, should I budget for an evaluator to assess the impact of my project?
    - If awarded funds, your consortium should be prepared to track, collect and report data to give to the external RCORP evaluator and complete all required qualitative and quantitative reporting requirements as outlined in the NOFO (page 39). If your consortium is unable to track and collect these data without an evaluation expert, you may include hours for a consultant or other data specialist to perform these required tasks in your staffing plan and budget and budget narrative.

    - Note that applicants are required to designate at least one individual in the staffing plan to serve as a "Data Coordinator" (page 20), responsible for tracking, collecting, aggregating, and reporting qualitative and quantitative data and information from consortium members. This position does not necessarily entail analyzing the data or utilizing the data to inform process or quality improvement.

19. Will I need to complete an A-133 audit for this grant?
    - In general, if an award recipient's federal awards exceed $750,000 in any given year, they will need to conduct an audit.
    - However, please refer to Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards for further guidance:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4d52364ec83fab994c665943dadf9cf7&ty=HTML&h=L&r=PART&n=pt45.1.75#sp45.1.75.f

20. Do all consortium/network members need to receive RCORP-NAS grant funds in order to be considered full, participating consortium members for the purposes of this grant?
    - No, it is not necessary to distribute the grant funds across all consortium members. However, each consortium member should be aware of the others' roles and responsibilities on this grant as delineated in the work plan and letter of commitment; the award is not to be used for the exclusive benefit of any one consortium member.

21. Are minor renovations an allowable cost for this grant?
    - Certain minor renovations up to $100,000 are allowable under this grant. Further guidance is provided on pages 31 and 36 of the NOFO.
    - **Successful award recipients proposing minor renovation projects will be required to submit a prior approval request to HRSA upon receipt of award and refrain from implementing the minor renovations until the request has been approved.**

22. Do I need to submit four separate letters of commitment, or can I submit one letter signed by at least four consortium members?
    - Applicants should submit **one** letter of commitment signed by at least four separately-owned entities, including the applicant organization, in Attachment 3.

23. Can my consortium focus on individuals with SUDs other than OUD?
    - The primary focus of the grant should be on individuals with OUD. However, recognizing that many individuals with OUD are polysubstance users or have other co-occurring conditions, your consortium may address the other needs of this population.

24. Are participant support costs allowable for this grant?
    - Participant support costs—i.e., direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects—are allowable costs.

        - In this context, "employees" refers to individuals directly employed on an hourly, salaried or employment contract basis by the applicant organization/award recipient. Individuals employed by sub-contractors, consortium members and sub-recipients are not are not included in this definition.

25. Do we need to work on all 6 selected Prevention, Treatment, and Recovery Strategies (pages 10- 13) each year?
    - Yes. The consortium should make progress on all selected strategies during each year of the grant. This progress should be reflected in the applicant's Work Plan.

26. Does each consortium member need to work on the Prevention, Treatment, Recovery, Planning and Sustainability Strategies?
    - Yes, individual consortium members should be incorporated throughout the work plan, and all strategies and activities must be accounted for, and implemented by, the consortium as a

whole. Moreover, each consortium member should be aware of the other members' roles and responsibilities as delineated in the Work Plan and Letter of Commitment.

27. We want to incorporate activities that don't specifically fall under any of the listed Prevention, Treatment, and Strategies. Is it allowable to use RCORP-NAS funds on related activities that don't fall under one of the listed strategies in the NOFO?
    - Yes. Applicants have the option to include "additional strategies" (see page 18) of their choosing, assuming all other requirements are met. If the needs and capabilities exist, you may propose and justify additional strategies and accompanying methods that relate to the focus area and address unmet needs of the target population, as identified in the Needs Assessment.

28. My consortium will not have hired all of our project staff by the time the application is due. How do I account for this in my application?
    - In Attachment 5 ("Staffing Plan"), it is appropriate to write TBD under "Name" if the individual has not yet been hired. However, you should include a description of the process and timeline for hiring staff, as well as the qualifications and expertise required by the position.

29. Can I use RCORP-NAS funds to purchase or lease a vehicle to use as a mobile treatment unit?
    - Purchase or leasing of a mobile unit is an allowable cost as long as the unit is exclusively used to deliver, or facilitate transport to, services funded by the RCORP-NAS grant. The applicant must establish both that the vehicle is needed and the cost is reasonable. Additional information is provided on page 32 of the NOFO.
    - You may not begin any purchases until you receive HRSA approval and must have contingency plans in place to ensure that delays in receiving HRSA approval of your mobile unit or vehicle purchase do not affect your ability to execute work plan activities and HRSA deliverables on time.

30. Can I use RCORP-NAS grant funds to purchase contraception for women with SUD/OUD?
    RCORP-NAS grant funds may be used to purchase contraception for women who have or are at risk for SUD/OUD. Please refer to HRSA's SF424 Application Guide and Grants Policy Bulletin: Legislative Mandates in Grants Management for FY 2020 for detailed information on funding restrictions.

31. Can I use RCORP-NAS grant funds to purchase medication?
    - Per page 32 of the NOFO, Food and Drug Administration (FDA)-approved opioid agonist medications (e.g., methadone, buprenorphine products including buprenorphine/naloxone combination and buprenorphine mono-product formulations) for the maintenance treatment of OUD, opioid antagonist medication (e.g., naltrexone products) to prevent relapse to opioid use, and naloxone to treat opioid overdose are all allowable costs under RCORP-NAS.
    - RCORP-NAS funds cannot be used to purchase medical marijuana.

32. Can I use RCORP-NAS grant funds to purchase syringes?
    - The purchases of syringes is inappropriate in all phases of the program.
    - Please refer to HRSA's SF424 Application Guide (pp. 26-27) for guidance around syringe purchases using grant funds: "Notwithstanding any other provision of this Act, no funds

appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law."

33. Can RCORP-NAS funding be used to cover prevention, treatment, and recovery costs for patients who are uninsured/underinsured?

    - Yes. Award recipients who plan to use funds in this manner must ensure that the RCORP-NAS grant serves as a payer of last resort—i.e., all services covered by reimbursement must be billed and every reasonable effort should be made to obtain payment from third-party payers. Only after grant recipients receive a final determination from the insurer regarding lack of full reimbursement can the RCORP-NAS grant be used to cover the cost of services for underinsured individuals. RCORP-NAS grant funds can also be used to cover the cost of services for uninsured patients.
    - RCORP-NAS funds cannot be used for the following purposes:
        - To supplant existing funding sources;
        - To pay down bad debt. Bad debt is debt that has been determined to be uncollectable, including losses (whether actual or estimated) arising from uncollectable accounts and other claims. Related collection and legal costs arising from such debts after they have been determined to be uncollectable are also unallowable.
        - To pay the difference between the cost to a provider for performing a service and the provider's negotiated rate with third-party payers (i.e., anticipated shortfall).

34. What are the guidelines for RCORP-NAS applicants and consortium members who wish to use RCORP-NAS funds to subsidize prevention, treatment, and recovery services for the un- or under-insured?
    - For all applicants and consortium members (regardless of charity care or sliding fee policy):
        - RCORP-NAS funds can be used to pay the co-insurance, out-of-pocket expenses, and/or co-payment for patients who are unable to pay for prevention, treatment, and recovery services provided by the RCORP-NAS grant.
        - Applicants must include a line item(s) in the RCORP-NAS budget under "Other" for subsidized care with a detailed description of how the estimate was derived. For each project year, the justification should include the anticipated number of patients and encounters that would be covered by the grant; the payer mix of the patient population; the type and average cost of services that would be subsidized; and a rationale for why grant funds are needed to subsidize the cost of services.
        - If the funds will be used by consortium members that are subcontractors on the RCORP-NAS grant to subsidize care, then applicants must include line item(s) under "Contractual" for these costs. The budget narrative must provide a detailed justification for how each consortium member arrived at their estimate based on the above guidance.

- For providers that have a charity care policy—i.e., a policy to provide health care services free of charge (or where only partial payment is expected not to include contractual allowances for otherwise insured patients) to individuals who meet certain financial criteria:
    - You must include the provider's documented charity care policy as an attachment to the application;
    - RCORP-NAS funds can only be used as a last resort to cover care for uninsured patients, or underinsured patients eligible for charity care (after the hospital has made every reasonable effort to obtain payment from third-party providers).
- For hospitals or non-hospital providers that do not have a charity care or sliding fee policy:
    - RCORP-NAS funds can only be used as a last resort to cover care for uninsured patients, or underinsured patients with a documented financial need who cannot pay for services.
- For Federally Qualified Health Centers (FQHCs):
    - FQHCs must adhere to Health Center Program requirements around Sliding Fee Discounts.

35. What is the FTE requirement for the Project Director?
    - The notice of funding opportunity does not require a minimum FTE requirement for project directors and other key program staff, but it is recommended that the Project Director devote at least 0.25 FTE to the grant. Project Directors cannot bill more than 1.0 FTE across federal grants.

36. Will there be in-person meetings for grantees to attend? If so, should we include that in our proposed budget?
    - Yes, applicants should include two in-person meetings, per year, in their budgets. Please see page 24 of the NOFO for more details.

National Health Service Corps Opportunities:

37. If awarded the RCORP grant, will the health care organizations of my consortium be able to encourage their staff to apply for the NHSC Rural Community Loan Repayment Program?

    - A health care organization of a consortium must receive NHSC site approval prior to members of their workforce applying for NHSC Rural Community Loan Repayment Program.
    - Consortium members do not receive auto-approval based on their RCORP status. Consortium members must meet all NHSC site eligibility criteria. All NHSC sites, except SUD treatment facilities, Critical Access Hospitals and Indian Health Service Hospitals, are required to provide an appropriate set of services for the community and population they serve. NHSC-approved sites must provide services for free or on a sliding fee schedule to low-income individuals. More information can be found here.

38. Are all providers eligible for the NHSC Rural Community Loan Repayment Program if they work for a health care consortium member site that has been approved by the NHSC?

- All provider types including Allopathic/Osteopathic Physicians, Physician Assistants, Psychiatrists, Nurse Practitioners, Certified Nurse-Midwives, Psychiatric Nurse Specialists, Health Service Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Professional Counselors, SUD counselors, Clinical Pharmacists, Registered Nurses and Nurse Anesthetists, who are working at a NHSC approved health care consortium member site are eligible to apply to the NHSC Rural Community Loan Repayment Program (LRP).NHSC will provide a funding preference for applicants serving at rural NHSC-approved SUD treatment facilities that are RCORP Consortium member sites.