FAQs: Rural Communities Opioid Response Program-Behavioral Health Care Support (BHS)

General Application FAQs

1. **How do I access the Notice of Funding Opportunity (NOFO) – can you direct me to the full application instructions?**
    - Direct link to NOFO (Click on "Package" then "Preview", then "Download Instructions")
    - To apply: Go to opportunity HRSA-22-061 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. **When is the application due?**
    - The application is due in grants.gov by Tuesday, April 19, 2022 at 11:59 p.m. ET.
3. **I was unable to attend HRSA's Technical Assistance Webinar for this funding opportunity. Is the webinar recording available?**
    - View the full webinar recording here.
    - The audio-only recording is available at: 1-833-568-8864, passcode: 66603797
4. **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.
5. **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. 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 15-16 of the SF-424 Application Guide (PDF - 700 KB).
6. **I have a specific question about the Notice of Funding Opportunity (NOFO) 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 Mebrat Tekle at (301) 945-0844. Please note that HRSA staff will answer clarifying questions about the NOFO requirements, but cannot provide guidance on proposed approaches.

7. **What is the page limit for the application?**
    - The page limit is 80 pages. The page limit includes the project and budget narratives, and attachments required in the SF-424 Application Guide and the NOFO.
8. **I am a first time applicant, which resources should I review to get familiar with the HRSA grants process?**
    - How to Prepare your Application
    - How to Complete Mandatory Registrations
    - Review the SF-424 Application Guide
    - Connect with your State Office of Rural Health for additional resources
9. **If a clinical protocol and/or clinical definition is not explicitly defined in the Notice of Funding Opportunity (NOFO), how should I proceed?**
    - If a clinical protocol and/or clinical definition is not explicitly defined in the Notice of Funding Opportunity (NOFO), it is up to the applicant to define according to their community needs and standards of practice. Please plan to use whatever definitions you select consistently throughout your project period and ensure that they are evidence-based.
10. **Are any mental disorders excluded from services to be funded under this Notice of Funding Opportunity (NOFO)?**
    - No mental disorders are excluded from services to be funded under this Notice of Funding Opportunity.

Eligible Entities, Consortium Members, and Proposed Service Areas

11. **Can the applicant organization be located in an urban area?**
    - Yes, applicant organization may be located in an urban or rural area.
12. **What are the consortium requirements?**
    - Consortia must be made up of at least four separately owned entities, including the applicant organization. The entities should all have different EINs and have established working relationships**.** Tribal applicants may be eligible for an exception to the EIN requirement, as described in the Eligibility section of the NOFO. At least 50 percent of members in each consortium must be located within HRSA-designated rural areas or census tracts, as defined by the HRSA Rural Eligibility Analyzer. Please refer to Page 8-9 of the Notice of Funding Opportunity (NOFO).

- Consortium members are required to be from multiple sectors (e.g., public health, health care, education, justice, community organization, etc.).
- Applicants must provide a single letter of commitment signed by all consortium members reflected in the proposed work plan. See Attachment 3 of the NOFO for additional information.

13. Are current RCORP award recipients and consortium members eligible to apply to RCORP-BHS Program?

- Yes, current RCORP award recipients and consortium members may apply for the RCORP- BHS. Please note that applicants must demonstrate that there is no duplication of effort between the proposed RCORP-BHS project and any previous or current RCORP project**.** Please refer to Attachment 7 of the NOFO: Other RCORP Awards for more information.

14. Which entities are eligible to apply for the RCORP-BHS Program?

- Please see page 5 of the NOFO for the eligibility information. Eligible applicants include all domestic public or private, non-profit and for-profit, entities including, but not limited to, faith-based and community-based organizations, federally recognized tribes and tribal organizations, state governments, and private institutions of higher education. In addition to the 50 U.S. states, organizations in the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated State of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply. The applicant organization may be located in an urban or rural area.

15. What is meant by service delivery site?

- The service delivery site is where direct services for the RCORP-BHS award will be administered. *All service delivery sites must be exclusively located in HRSA-designated rural areas, as defined by the Rural Health Grants Eligibility Analyzer.* See page 8 of the NOFO for additional information on service delivery specifications.

16. Is it allowable for a provider to be located in an urban facility, but serving patients in HRSA-designated rural areas through telehealth/telemedicine?

- Per page 25 of the NOFO, this scenario is allowable, so long as the target patient population is exclusively rural, as defined by the HRSA Rural Health Grants Eligibility Analyzer.
- Applicants who wish to exercise this exception for a service delivery site must submit an attestation signed by the telehealth/telemedicine provider which states that services supported by award will be exclusively provided in HRSA-designated rural areas. Applicants requesting this exception must also detail how partnering with the service delivery site will improve the health care delivery systems in HRSA-designated rural areas. Please refer to Attachment 9 of the NOFO for additional instructions on submitting required documentation for this exception.

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

18. **Can I use this grant to treat substances other than opioids?**
    - Yes, substances other than opioids may be addressed under RCORP-BHS. Regardless of substance(s) addressed, applicants should provide sufficient justification in the Needs Assessment section of the application (see page 11 -14 of the NOFO).

19. **Do I need to submit four separate letters of commitment from consortium members, or can I submit one letter signed by at least four consortium members?**

    - Applicants should submit **one** letter of commitment signed by all consortium members included in the proposed work plan, including the applicant organization (at least four separately owned entities). For more information, please refer to Attachment 3 of the NOFO.

20. **Are there sample Letters of Commitment that can be used as a reference to complete Attachment 3 of the application?**
    - Though not required, the RCORP technical assistance provider, JBS International, Inc., has a template on their technical assistance portal that applicants may use. Please note that the template is not endorsed by HRSA and is only provided as an example.
    - Additionally, the Letter of Commitment must contain all elements described on pages 34-35 of the NOFO and that applicants are required to submit a single Letter of Commitment signed by all consortium members reflected in the work plan, including the applicant organization.

21. **Can our consortium members electronically sign the Letter of Commitment?**
    - Yes, electronic signatures are acceptable (see page 34-35 of the NOFO**).**

22. **If a consortium member is physically located in a HRSA-designated rural area, but shares an EIN with its urban parent/HQ organization, can the consortium member count towards the 50% rural membership consortium requirement in the NOFO?**
    - Yes, as long as the consortium member is physically located in a rural area, they are considered rural for the purpose of the grant.

23. **I applied for FY 2022 Implementation (HRSA-22-057), am I required to indicate this in the application?**
    - Yes, please indicate if the applicant organization has applied for FY 2022 Implementation in response to question 14 in the Project Abstract.

24. **Are applicants required to propose strategies and activities that address both SUD and co-occurring mental illness disorders?**
    - No, applicants are not required to address both SUD and co-occurring mental illness disorders. However, applicants should demonstrate that all proposed strategies and activities are data-driven and needs-based (see the Methodology section for additional guidance).

25. **Can a parent organization/headquarters apply for this opportunity on behalf of several satellite offices or clinics using the same DUNS number or EIN?**
    - No, a single organization (e.g. a parent organization/headquarters) cannot apply more than once for this funding opportunity on behalf of its satellite offices or clinics.
    - The only circumstances in which two applicant organizations that share an EIN can apply to this funding opportunity is if the entities are a parent organization and a satellite office or two separate satellite offices. In these circumstances, both entities would need to fulfill the requirements outlined in Attachment 8 of the NOFO.

26. **Are organizations able to serve as a consortium member on more than one application for this funding opportunity?**
    - Yes, an organization can serve as a **consortium member** on more than one application for this funding opportunity.

27. **Are consortium members required to register in SAM?**
    - If awarded funding, grant recipients must notify consortium members who will be serving as sub-recipients that they must be registered in SAM and provide the grant recipient with their UEI number. See pages 30-31 of the HRSA SF-424 Application Guide (PDF - 689 KB) for more information.

Allowable Costs and Financial Questions

28. **Are participant support costs allowable under 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, subject to HRSA review and approval upon receipt of award.

29. **Will I need to complete an A-133 audit for this grant?**
    - In general, if an award recipient expends $750,000 or more during its fiscal year in Federal awards, it will need to have an audit conducted for that year.
    - However, please refer to Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards for further guidance.

30. **Are minor renovations an allowable cost for this grant?**

- Minor alteration and renovation (A/R) costs to enhance the ability of the consortium to deliver SUD/OUD health care services are allowable, but must not exceed $150,000 over the four-year period of performance. See pages 28-29 of the NOFO for additional information.
- 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.

31. Can I use RCORP-BHS 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 carry out activities funded by the RCORP-BHS grant. The applicant must establish both that the vehicle is needed and the cost is reasonable. Additional information is provided on page 29 of the NOFO.
- You may not begin any vehicle purchases or leases until you receive HRSA approval and should develop contingency plans 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.

32. Can I use RCORP-BHS funds to purchase medication?

- Per page 30 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-BHS.

33. Can I use RCORP-BHS grant funds to purchase syringes?

- The purchase of syringes using grant funds is unallowable in all phases of the program (see page 28 of the NOFO).

34. What is the full-time equivalent (FTE) requirement for the Project Director?

- The Project Director is a key staff member and an FTE of at least 0.25 is required for this position. Project staff, including Project Directors, cannot bill more than 1.0 FTE across federal grants.

35. Do I need a separate budget and budget narrative for each year, as part of the application?

- Yes, a budget and budget narrative for each project year should be included in the application. RCORP-BHS award recipients must allocate the award funding by budget period for the four-year period of performance.
- Each cost element should be itemized and described with a detailed budget and budget justification that covers, at a minimum, the first year of funding. If your budget will be identical for all four project years, then you can submit one SF-424(a) which covers the entire period of performance. However, if each budget period will support different costs and/or activities, then you will need to submit one for each year.

36. Can RCORP-BHS 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-BHS grant serves as a payer of last resort—i.e., all services covered by a reimbursement plan 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-BHS grant be used to cover the cost of services for underinsured individuals. RCORP-BHS grant funds can also be used to cover the cost of services for uninsured patients. Please see page 9 of the NOFO.
- RCORP-BHS 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).

37. What are the guidelines for RCORP-BHS applicants and consortium members who wish to use RCORP-BHS 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-BHS 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-BHS grant
    - Applicants must include a line item(s) in the RCORP-BHS 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-BHS 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-BHS funds can only be used as a last resort to cover 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-BHS 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 requirements around Sliding Fee Discounts.