Due Date for Applications: August 6, 2018
Period of Performance: September 30, 2018 through September 29, 2023 (5 years)
Eligible Applicants: Eligible applicants are states. Per Section 2(f) of the PHS Act, 42 U.S.C. § 201(f), the definition of state includes the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands. Tribes, private nonprofit, and private for-profit organizations are not included in the statutory definition of states.

Eligibility

1) ‘State governments’ are the eligible applicants. Can you clarify: is this any state-funded entity like Departments of Public Health, Departments of Mental Health, Departments of Children and Families, etc.?

Answer: Yes, any state department, agency, or subsidiary unit that carries out governmental functions or policies would be eligible to apply, such as state Departments of Health or Public Health, Mental Health/Substance Use, Children/Youth/Families, etc., and sub-units of those agencies.

2) This opportunity appears to specifically exclude Tribal organizations, would a non-Tribal organization working with a Tribal organization be eligible?

Answer: Eligible applicants are only states. Per Section 2(f) of the PHS Act, 42 U.S.C. § 201(f), the definition of state includes, in addition to the several States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands. Tribes, private nonprofit, and private for-profit organizations are not included in the statutory definition of states.

Any state department, agency, or subsidiary unit that carries out governmental functions or policies would be eligible to apply, such as state Departments of Health or Public Health, Mental Health/Substance Use, Children/Youth/Families, etc., and sub-units of those agencies.

States may partner with other organizations, as further described in the Notice of Funding Opportunity.
3) Are Primary Care Associations eligible to apply?

Answer: No. Eligible applicants are only states. Please see details above.

4) Are nonprofits eligible to apply?

Answer: No. Eligible applicants are only states. Please see details above.

5) Is a state university system eligible to apply?

Answer: No. Eligible applicants are only states, which means a state and any state department, agency, or subsidiary unit of a state agency that carries out governmental functions or policies. This excludes local governments. Please see details above. Unless an applicant can demonstrate that it holds this status, it is ineligible to apply for grant funding under this NOFO.

Programmatic/Implementation

6) Does HRSA have a preference on the program model states should use? HRSA references one model in the NOFO (Massachusetts Child Psychiatry Access Project (MCPAP) for Moms), but there are others that could be modified as well (Project ECHO, hub-and-spoke, etc).

Answer: No, HRSA has indicated no requirement or preference for any particular program model in its NOFO. You have flexibility in designing your programs and should follow the guidance in the NOFO. Applications will be reviewed against the program expectations in the NOFO using the review criteria included.

7) If the model referenced in the NOFO is preferred, the cost per pregnant/postpartum woman per year in that program is over $8, but direct services are provided and in-person consultation is often available. Would HRSA find it acceptable to exclude direct provision of services and routine/frequent in-person consultation, so that program costs might be lowered enough for a larger state to attempt this model with the funding available?

Answer: As noted above, HRSA has no requirement or preference for any particular program model in its NOFO. Direct provision of services by the recipient is not a requirement of the NOFO, but treatment may be provided by the front-line health care providers receiving consultation and training, or via referral if treatment is outside the scope of the primary clinicians' practice, as noted on p. 1 of the NOFO under Program Goals. Only real-time psychiatric consultation, in person or remotely, and care coordination support, is expected to be offered to front-line health care providers. You have flexibility in designing your programs and should follow the guidance in the NOFO. Applications are reviewed against the program expectations in the NOFO using the review criteria included.

8) The performance measures for this NOFO do not indicate direct service provision expectations, but we would like to confirm. Does item #4 on p. 2 (“Utilize telehealth services for rural areas and medically underserved areas”) mean that HRSA would like to see the provision of patient services using telehealth (in addition to supporting providers in these areas)?

Answer: HRSA defines telehealth broadly on p. 7 of the NOFO, footnote 21, as: “the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media,
Therefore, with such a broad definition, you have flexibility as to how you will meet the Program Expectation around using telehealth services for rural areas and medically underserved areas. Having said that, you also must discuss in the Project Narrative under Resolution of Challenges, p. 14 of the NOFO, “2) how you will address the lack of behavioral health and recovery support providers to refer women to in rural areas, if applicable. Describe your strategies, such as the use of direct patient tele-behavioral health services (e.g., direct patient tele-psychotherapy; direct patient tele-psychiatry, virtual support groups, etc.), to overcome these barriers.”

9) Regarding provision of direct services, we understand that the goal is to make services available. Or does HRSA expect that these funds will be used to directly provide services to patients?

Answer: As noted above, direct provision of services by the recipient is not a requirement of the NOFO, but treatment may be provided by the front-line health care providers receiving consultation and training, or via referral if treatment is outside the scope of the primary clinicians’ practice, as noted on p. 1 of the NOFO under Program Goals. Only real-time psychiatric consultation, in person or remotely, and care coordination support, is expected to be offered to front-line health care providers. You have flexibility in designing your program and should follow the guidance in the NOFO. Applications are reviewed against the program expectations in the NOFO using the review criteria included.

10) For the rural and medically underserved component of the NOFO, does the region have to be both rural and medically underserved or would an urban area that meets HSRA definitions for underserved qualify for this?

Answer: For this NOFO, if you propose to include an underserved area, the identified area must meet HRSA’s definition of both rural and underserved on p. 7 of the NOFO.

11) Should provider training qualify for CMEs? Or is it preferred?

Answer: You have the flexibility to design and propose the program to best meet your state’s or region’s needs and capacity.

12) If a current training program is in place, can one continue to use it, or would HRSA prefer a specific training module be used?

Answer: As noted above, HRSA has no requirement or preference for any particular program model. You may build on already established programs. However, the existing programs must meet the program expectation noted on p. 2 of the NOFO, regarding use of “existing evidence-based and culturally and linguistically competent protocols, guidelines, and treatment algorithms.”

13) If establishing a new program, is there an acceptable amount of time for start up from the notice of award?

Answer: There is no set time for start up. Please note that all recipients, including those starting up new programs, are expected to establish baselines for four of the seven project impact measures within 6 months of the period of performance start date.
14) Is it possible to start in one region and work to expand statewide over the 5 years, or should this be established from the beginning?

**Answer:** It is possible to start in one region and expand to statewide over the 5 years, so long as all program expectations are met. You should explain in detail how this would be achieved, in order to obtain favorable feedback from the review panel. Please include in your application your timeframe estimate for expanding statewide, if applicable to your approach. Applications are reviewed against the program expectations in the NOFO using the review criteria included.

15) Similarly, can the consultation line start with services for maternal mental health and build capacity to address substance use resources over time?

**Answer:** This is acceptable, so long as you meet all program expectations. You should explain in detail how you would achieve this, in order to obtain favorable feedback from the review panel. Please include in your application your estimate of how long it will take to add capacity to address substance use resources. Please describe how you intend to overcome this challenge in the “Resolution of Challenges” section of the Project Narrative. Applications are reviewed against the program expectations in the NOFO using the review criteria included.

16) Can HRSA clarify what is meant by "real-time" in reference to consultations?

**Answer:** For purposes of this program, “real time” consultations mean that a front-line provider can reach an expert consultant via telephone or video conference or other telecommunication technology within a reasonable timeframe during the same business day. Call back times can range from 30 minutes to one business day, depending on standard practices for the program being used. You have the flexibility to design and propose the program to best meet your state’s or region’s needs and capacity.

17) Is there a requirement to create an electronic referral database (last bullet on bottom of p. 3 of the NOFO)?

**Answer:** No. An electronic referral database is not required, but you should describe what method(s) you will use to maintain a repository of affordable and culturally and linguistically appropriate treatment and recovery support services to which care coordinators can refer front-line providers. You, or any of your partner organizations, may wish to consider using new technology already available in the commercial market, to assist care coordinators efficiently catalogue and access information and referral repositories of social and health services. You have the flexibility to design and propose the program to best meet your state’s or region’s needs and capacity.

18) Can HRSA provide a list of all support service and provider categories expected to be found in the directory?

**Answer:** As noted above, by whatever method you propose, whether through a referral database, directory or other means, care coordinators should be able to offer front-line providers up to at least three (by the end of the 5-year period of performance (p.3)) affordable, culturally and linguistically appropriate service options in each service category, within a reasonable distance or via telehealth, to support their patient's mental health on an ongoing basis, as needed.

As referenced in the NOFO, mental health service categories can include but are not limited to, licensed counseling, psychotherapy, substance use counseling or treatment programs, psychiatric and/or addiction psychiatry providers*, direct patient tele-behavioral health, peer support, or support groups.
Examples of categories of recovery support services include but are not limited to, those that reduce barriers to housing, food insecurity/nutrition, employment, education, transportation, personal safety, and child care. You should propose an array of services to meet the specific needs of your target population(s).

* Per p. 1 of the NOFO, footnote #3, psychiatric providers are health care professionals who can prescribe psychiatric medication, including psychiatrists, addiction psychiatrists, or psychiatric or mental health nurse practitioners. Primary care physicians, physician’s assistants, or nurse practitioners (depending on your state) also can prescribe medication. Retrieved 11/2017: http://www.mentalhealthamerica.net/types-mental-health-professionals

19) Do the resources created have to be available to all types of front-line providers, or is it okay to focus specifically on one type, i.e., pediatricians. I am asking because on p. 1 of the NOFO it states, "This program will offer resources to any front-line health care providers serving pregnant and postpartum women..." However, p. 12 of the NOFO asks us to specify "target population(s) to be served including which types of health care providers you will target for program outreach and engagement" which implies there could be a choice in healthcare providers targeted.

Answer: As noted in the question, this program will offer resources to the providers serving the target population, pregnant and postpartum women. You have the flexibility to design and propose the program – whether it is new, or builds on an existing program— to best meet your state’s or region’s needs and capacity. Applications are reviewed against the program expectations in the NOFO using the review criteria included.

Data

20) Regarding Project Impact Measures on p. 3: Can baseline measures be in development or zero at this start of project? For large states such as ours, the impact measures are items that are in beginning stages of implementation or require current data systems to be modified to capture such data.

Answer: HRSA recognizes that many states may need additional time to get their baseline and metrics in place. Please include in your application your estimate of how long it will take to meet the program expectation on p. 4: establish four of the seven baselines for the project impact measures, selected by the recipient, and then the remaining three measures to be set by 9 months. Please describe how you intend to overcome these data barriers in the “Evaluation and Technical Support Capacity” section of the Project Narrative.

21) Is there a goal for the proportion of eligible health providers (ob-gyns, pediatricians, family medicine) in a state that participate in the program?

Answer: No. You have the flexibility to design and propose the program to best meet your state’s or region’s needs and capacity. Though you will need to determine the professions that will participate in the program and assure they will meet the project impact measure on p. 3, “By the conclusion of the period of performance in 2023, recipients should from baseline: Increase to 80 percent the number of participating providers using the program for psychiatric consultations or care coordination.”
22) Can HRSA recommend a specific standardized validated tool for providers' self-efficacy?

**Answer:** Several standardized validated tools to measure provider self-efficacy exist in the literature and HRSA does not recommend any one in particular. You have the flexibility to select the tool to best meet your state's or region's needs and capacity.

**Partners, Sub-recipients, Contracts, and Key Personnel**

23) Can HRSA clarify the definition of a partner organization?

**Answer:** Any agency, organization, department, or institution at the community, regional, state or national level that works to collaborate and coordinate efforts, services, activities or otherwise contributes to achieving the program's mission and goals, can be a partner organization. Examples of partners are listed on p. 2-3 of the NOFO, and include women or families with their own personal lived experience with a mental illness and/or addiction. No specific relationship between the recipient and the partner organization is required, so partnering organizations may be through subawards (including by contract) or through other cooperative arrangements. Overall organizational capacity of the program may be demonstrated through partnerships with these other entities (p. 15). All sub-recipients must report to your organization (the award recipient) and are held to the same award requirements (p. 15). Please see p. 15 of the NOFO for required attachments related to partners/sub-recipients.

24) Do all four key personnel need to be employed by the state, or can they be part of subcontract/sub-recipients?

**Answer:** The NOFO does not incorporate specific requirements, so you have the flexibility to design and propose the program to best meet your state’s or region’s needs and capacity, including staffing. Key personnel must be able to perform all duties necessary to support their roles on the project.

25) Does the project manager have to be employed by the state or can the state sub contract out for it?

**Answer:** The NOFO does not incorporate specific requirements, so you have the flexibility to design and propose the program to best meet your state’s or region’s needs and capacity, including staffing. Key personnel must be able to perform all duties necessary to support their roles on the project.

26) Do all four key personnel positions need to be 100% FTEs?

**Answer:** No. You have the flexibility to design and propose the program to best meet your state’s or region’s needs and capacity, including staffing.

27) Is there a requirement for staffing at the state level, such as a project manager?

**Answer:** No. The NOFO does not incorporate specific requirements for staffing at the state level, but p. 17 of the NOFO includes the four required key personnel: Project Director, Program Manager, Fiscal Manager, and Data Manager. You have the flexibility to design and propose the program to best meet your state’s or region’s needs and capacity, including staffing.
Fiscal

28) Is there federal guidance regarding F & A (Facilities & Administrative costs) percentage allowed if some work or all is subcontracted?

Answer: Yes. Please see Uniform Guidance Requirements at 45 CFR §75.414(f), which states that any non-federal entity that has never received a federal negotiated indirect cost rate may charge a de minimis rate of 10% of modified total direct costs (MTDC). In other words, this is the federal guidance that applies to subcontracted work. MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each sub-award (regardless of the period of performance of the sub-awards under the award). See 45 CFR §75.2 Definitions, for a complete listing of what MTDC includes and excludes.

29) Can the funds be used to incentivize participating practices to meet practice-related project impact measures?

Answer: Yes, funds may be used to incentivize participating practices to meet project impact measures, so long as such use of funds complies with the terms and conditions of the award, including applicable federal law and policies.

Submission

30) Are HRSA and SAMSHA grants submitted into the same electronic system- Grants.gov?

Answer: Yes. Grants.gov is a centralized website for federal agencies to post discretionary funding opportunities and for applicants to find and apply to them.

31) If the FAQ will not be posted for up to 2 weeks, will HRSA consider extending the submission deadline?

Answer: The goal is to post the FAQs online within approximately 1 week. These FAQs were posted July, 20, 2018, 6 business days after the pre-application technical assistance webinar. HRSA believes there is sufficient time to submit applications within the time period specified in the published notice of funding opportunity.

Post-award

32) Will there be a national meeting held for the program during the 5-year period?

Answer: No, there are no plans for a national meeting during the 5-year period. However, recipients are expected to participate in HRSA’s technical assistance (TA) activities to support this program. On p. 3, participation may include being part of cross-site virtual learning communities or presenting to colleagues on programmatic successes and challenges. TA may be a one-time encounter or on-going activity of brief or extended frequency depending on the needs of the recipient. TA may target the needs of several states or a HRSA region.

33) Is out of state travel required?

Answer: No. Out of state travel is not required.