

**Department of Health and Human Services  
Substance Abuse and Mental Health Services  
Administration**

**FY 2023 Cooperative Agreements for Certified Community  
Behavioral Health Clinic Planning Grants**

**(Short Title: CCBHC Planning Grants)**

**Notice of Funding Opportunity (NOFO) No. SM-23-015**

**Assistance Listing Number: 93.829**

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by December 19, 2022.</b>
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## EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for the fiscal year (FY) 2023 Cooperative Agreements for Certified Community Behavioral Health Clinic (CCBHC) Planning Grants (Short Title: CCBHC Planning Grants). The purpose of CCBHC Planning Grants is to support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program. SAMHSA expects that the program will meaningfully involve consumers, youth, family members, and communities in the development, implementation, and ongoing monitoring of the state’s planning efforts to develop CCBHCs and prepare to apply for the CCBHC Demonstration. With the planning grants, SAMHSA aims to further expand opportunities for states to improve access to and delivery of coordinated, comprehensive behavioral health care through Certified Community Behavioral Health Clinics.

<b>Funding Opportunity Title:</b>	Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants (Short Title: CCBHC Planning Grants)
<b>Funding Opportunity Number:</b>	SM-23-015
<b>Due Date for Applications:</b>	December 19, 2022
<b>Estimated Total Available Funding:</b>	Up to \$15,000,000
<b>Estimated Number of Awards:</b>	15
<b>Estimated Award Amount:</b>	Up to \$1,000,000 per award
<b>Cost Sharing/Match Required:</b>	No
<b>Anticipated Project Start Date:</b>	March 30, 2023
<b>Anticipated Award Date:</b>	March 15, 2023
<b>Length of Project Period:</b>	One (1) Year

<b>Eligible Applicants:</b>	<p>Eligible applicants are State Mental Health Authorities (SMHAs), Single State Agencies (SSAs), or State Medicaid Agencies (SMAs) including the District of Columbia.</p> <p>[See <a href="#">Section III-1</a> for complete eligibility information.]</p>
<b>Authorizing Statute:</b>	<p>Section 223 of the Protecting Access to Medicare Act (Public Law 113-93, 42 U.S.C. 1396a note) as amended in the Bipartisan Safer Communities Act, Section 11001 (Public Law 117-159).</p>

Be sure to check the SAMHSA website periodically for any updates on this program.

All applicants **MUST** register with NIH's eRA Commons in order to submit an application. **This process takes up to six weeks.** If you believe you are interested in applying for this opportunity, you **MUST** start the registration process immediately. Do not wait to start this process.

**WARNING: BY THE DEADLINE FOR THIS NOFO YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:**

1. The applicant organization **MUST** be registered in NIH's eRA Commons; **AND**
2. The Project Director **MUST** have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.

**No exceptions will be made.**

Applicants also must register with the System for Award Management (SAM) and Grants.gov (see [Appendix A](#) of this NOFO for all registration requirements).

**DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. If you wait until the last minute, there is a strong possibility that the application will not be received without errors by the deadline.**

## **I. PROGRAM DESCRIPTION**

### **1. PURPOSE**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for the fiscal year (FY) 2023 Cooperative Agreements for Certified Community Behavioral Health Clinic (CCBHC) Planning Grants (Short Title: CCBHC Planning Grants). The purpose of the CCBHC Planning Grants is to support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program. SAMHSA expects that the state will meaningfully involve consumers<sup>1</sup>, youth, family members, and communities in the development,

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<sup>1</sup> Consumer refers to clients, persons being treated for or in recovery from mental or substance use disorders, persons with lived experience, service recipients and patients of all ages (i.e., children, adolescents, transition aged youth, adults, and geriatric populations).

implementation, and ongoing monitoring of the state's planning efforts to develop CCBHCs and prepare to apply for the CCBHC Demonstration. With the planning grants, SAMHSA aims to further expand opportunities for states to improve access to and delivery of coordinated, comprehensive behavioral health care through Certified Community Behavioral Health Clinics.

The CCBHC model was authorized and established by the Protecting Access to Medicare Act of 2014 (Public Law 113–93), which included “Demonstration Programs to Improve Community Mental Health Services” at Section 223. Section 223 included requirements to develop criteria for clinics to be certified by a state as a CCBHC to participate in a demonstration program, the issuance of guidance on the development of a PPS for testing during the demonstration program, and an evaluation of the demonstration program, among other requirements (see [Appendix H](#) for additional background).

Section 223 requires the use of a prospective payment system (PPS) in states participating in the CCBHC Demonstration Program to pay the participating clinics for the provision of CCBHC services. The CCBHC PPS applies to services delivered either directly by a CCBHC or through a formal relationship between a CCBHC (including related sites eligible to participate) and Designated Collaborating Organizations (DCOs), as defined in the criteria.

The CCBHC model provides integrated and coordinated community-based care for individuals across the lifespan with and at risk for mental illness, including substance use disorders (SUD). The model is designed to increase access to behavioral health services, provide a comprehensive range of services, including crisis services, that respond to local needs, incorporate evidence-based practices, and establish care coordination as a linchpin for service delivery. CCBHCs serve their communities, including those most in need of coordinated, integrated, accessible, quality care, with no rejection for services or limiting of services based on a person's ability to pay or place of residence. In addition, CCBHCs are expected to promote recovery while fostering resilience and addressing social determinants of health. The CCBHC Planning Grants, populations to be served are adults with serious mental illness (SMI), as well as those with any mental illness (AMI), children with serious emotional disturbance (SED), and those with SUD.

The Bipartisan Safer Communities Act (Public Law 117-159) authorized the expansion of the CCBHC Demonstration. Specifically, the legislation mandates the award of additional planning grants to States not already selected to participate in the CCBHC Demonstration. Beginning July 1, 2024, and every 2 years thereafter, 10 states that have completed planning grants and submitted successful applications to participate in the CCBHC Demonstration will be eligible to join the program for a four-year period. These planning grants are the first phase of a two-phase process. The planning grants will support participating states in developing their CCHBC programs and enable them to apply for the CCBHC Demonstration. Up to 10 states that participate in the planning grants will be selected for phase two, the CCBHC Demonstration. At the end of the

planning grant period, participating states will submit their applications to join the CCBHC Demonstration for a four-year period starting on July 1, 2024. The selected states will bill Medicaid under an established PPS approved by the Centers for Medicare & Medicaid Services (CMS) for behavioral health services provided to individuals eligible for medical assistance under the state Medicaid program.

SAMHSA works collaboratively with CMS and the U.S. Department of Health and Human Services' (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) to implement Section 223. In 2015, SAMHSA developed the CCBHC Certification Criteria, and CMS prepared guidance for states to establish a PPS. ASPE directs the national evaluation of the CCBHC Demonstration. (See [https://aspe.hhs.gov/search?search\\_api\\_fulltext=ccbhc](https://aspe.hhs.gov/search?search_api_fulltext=ccbhc) for CCBHC Demonstration Program evaluation reports.)

SAMHSA is updating the Certification Criteria (available online at: [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/ccbhc-criteria.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)) through a process which will include a significant opportunity for public comment. The updated criteria have not yet been released and will not be available during the application period for this grant. SAMHSA intends to keep the existing framework for the criteria, which is included in the authorizing statute. SAMHSA does not intend to make major changes to the scope and shape of the Certification Criteria.<sup>2</sup> Further details about updates to the Certification Criteria are available at <https://www.samhsa.gov/certified-community-behavioral-health-clinics/ccbhc-criteria-update-announcements>. SAMHSA intends to release the updated Certification Criteria before the planning grant project period. SAMHSA will also be providing technical assistance to assist states related to the Certification Criteria and other aspects of the CCBHC program during the planning grant execution period. States should reference the current Certification Criteria as they develop their planning grant applications.

CMS is also working to update the CCBHC PPS guidance (current guidance is available online at: <https://www.samhsa.gov/sites/default/files/grants/pdf/sm-16-001.pdf#page=94>). As with the updated Certification Criteria, this updated guidance will not be available during the planning grant application period, but any PPS changes will be made available prior to the planning grant execution period and included as part of technical assistance provided to states during the planning grant execution period. In their applications in response to this NOFO, states are expected to outline which PPS system they intend to use and the process that they intend to use to establish their PPS systems. States should reference the current PPS guidance as they develop their planning grant applications. Once the updated PPS Guidance is released, states will have the opportunity to update their PPS plans and selections prior to submitting a subsequent application to participate in the CCBHC Demonstration.

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<sup>2</sup> 42 U.S.C. § 1396a



Planning Grants for CCBHCs are authorized under Section 223 of the Protecting Access to Medicare Act (Public Law 113-93, 42 U.S.C. 1396a notes) as amended by the Bipartisan Safer Communities Act, Section 11001 (Public Law 117-159). Funding for this program is from the Bipartisan Safer Communities Act, Section 11001 (Public Law 117-159).

## **2. KEY PERSONNEL**

Key personnel are staff members who must be part of the project regardless of whether or not they receive a salary or compensation from the project. These staff members must make a substantial contribution to the execution of the project.

The Key Personnel for this program will be the Project Director with a minimum level of effort of 0.5 FTE. **If during the project period, the recipient changes key personnel, the position requires prior approval by SAMHSA after review of credentials of staff and job descriptions.**

## **3. REQUIRED ACTIVITIES**

**Required activities are the activities that every cooperative agreement must implement. They must be reflected in the Project Narrative of your application. This is in response to Section V of this NOFO.**

Grant funds must be used primarily to support infrastructure development, including the following activities:

1. Solicit input for the development of a state CCBHC Demonstration program from consumers (including youth), family members, providers, tribes, and other key stakeholders. Activities should include:
  - Developing a steering committee, or using an existing committee, council, or process composed of relevant state agencies, providers, service recipients (i.e., consumers, youth, family members of children and of adults), and other key stakeholders (which may include consumer-, youth-, and family member-run organizations) to guide and provide input throughout the grant period.
  - Soliciting input from the population of focus, including adults with SMI, as well as others with AMI, children with SED, those with SUD, and their families.
  - Establishing partnerships and engaging with other local, state, and federal agencies and tribes in planning to ensure that services are accessible and available.
2. Ensure the initial set of clinics identified by the state for participation in the demonstration is certified using the Certification Criteria and establish procedures

and necessary infrastructure to ensure clinic compliance with Certification Criteria throughout the CCBHC Demonstration period, to include:

- Create and finalize application processes and review procedures for clinics to be certified as CCBHCs.
  - Certify CCBHCs that represent diverse geographic areas, including rural and underserved areas.
  - If planning to add additional clinics to the demonstration program during the demonstration period, develop a process for bringing additional clinics to the State CCBHC Demonstration program to reach the desired geographic spread by the end of the CCBHC Demonstration. **Note:** states may elect to identify all current and future participating clinics in their CCBHC Demonstration application and all participating CCBHCs must be certified as adherent to the Certification Criteria to receive reimbursement under the CCBHC Demonstration.
  - Assist clinics with meeting certification standards by facilitating access to training and technical assistance on topics such as: assessing gaps in staffing and services, workforce development, building partnerships and formal relationships, implementing evidence-based practices with fidelity, care coordination, performance measurement and reporting, continuous quality improvement processes, and implementing and optimizing health information technology (HIT) infrastructure.
  - Facilitate cultural, procedural, and organizational changes to CCBHCs that will result in the delivery of high quality, comprehensive, person-centered, and evidence-based services that are accessible to the population(s) of focus.
  - Assist CCBHCs with improving the cultural diversity and competence of their workforce.
  - Recruit and train the workforce necessary to provide high quality services through CCBHCs, and provide that workforce with evidence-based resources and supports to promote their mental well-being and resilience.
  - Verify that CCBHCs have meaningful input by consumers, persons in recovery, and family members as described in the criteria, including Program Requirement 1: Staffing, and Program Requirement 6: Organizational Authority.
3. Establish a PPS for behavioral health services furnished by a CCBHC in accordance with the PPS Methodology Guidelines developed by CMS.
- Implement an approved CCBHC PPS rate-setting methodology for payment made via fee for service or through managed care systems.

- Determine the PPS rates that will be used by clinics at the beginning of the CCBHC Demonstration period in compliance with CMS guidance.
  - Develop actuarially sound rates for payments made through managed care systems.
  - Prepare to collect, as appropriate, CCBHC cost reports with supporting data, as specified in the PPS guidance, and submit them to CMS, no later than 9 months after the end of each CCBHC Demonstration year.
  - Design and implement billing procedures to support the collection of data necessary to help determine program costs and evaluate the overall CCBHC Demonstration.
4. Establish the capacity to provide behavioral health services that meet the Certification Criteria.
5. Develop or enhance data collection and reporting capacity and provide information necessary for HHS to evaluate proposals submitted by states to participate in the CCBHC Demonstration program including the following activities:
- Develop or enhance data collection and reporting capacity and provide information in support of meeting PPS requirements, quality reporting requirements, and CCBHC Demonstration evaluation reporting requirements listed under Program Requirement 5: Quality and Other Reporting in the Certification Criteria.
  - Design or modify and implement data collection systems, including registries or electronic health record functionality that report on access, quality, and scope of services using various types of data, including CCBHC administrative data and personnel records, claims, encounter data, patient records, and patient experience of care data.
  - Design or modify and implement data collection systems that report on the costs and reimbursement of providing behavioral health services.
  - Use a cost report format as required that is developed to conform to CMS guidance and collect cost reports from CCBHCs. (See <https://www.medicaid.gov/medicaid/financial-management/section-223-demonstration-program-improve-community-mental-health-services/index.html>)
  - Assist CCBHCs with preparing to use data to inform and support continuous quality improvement processes, including fidelity to evidence-based practices, and person-centered, and recovery-oriented care during the CCBHC Demonstration.

- Prepare CCBHCs to provide requested information to the Behavioral Health Services Information System (BHSIS) through their State and participate in the SAMHSA treatment locator by completing the annual National Substance Use and Mental Health Services Survey (N-SUMHSS). For more information, go to: <https://info.nsumhss.samhsa.gov/>.
- Prepare for participation in the National Evaluation of the CCBHC Demonstration Program.

The national evaluation, led by HHS, will compare accessibility to community-based behavioral health services in participating clinics with accessibility for patients who are not served by CCBHCs. In addition, the national evaluation will assess the cost, quality, and scope of services provided by CCBHCs and the impact of the CCBHC Demonstration programs on the federal and state costs for a full range of mental health and substance use services (including inpatient, emergency, and ambulatory services paid for through sources other than the CCBHC Demonstration program funding). Activities for participating in the national evaluation include:

- Collaborate with the national evaluation planning team and provide input on the evaluation design, data sources, and performance measures.
- Work with HHS and the evaluation planning team to ensure that claims from CCBHCs can be identified and correspond to CMS-64 reporting and quality measure counts of clients for CCBHCs.
- Work with HHS and the evaluation planning team to ensure that as required cost reports and CCBHC quality measures are submitted in a timely fashion and that staff are available for any follow-up questions regarding the submissions.
- Prepare requests for an Institutional Review Board's approval to collect and report on process and outcome data (as necessary).

#### 6. Submit a Proposal to Participate in the CCBHC Demonstration Program

Submit a proposal no later than March 20, 2024, to participate in the four-year CCBHC Demonstration program that documents and verifies the completion of the above activities. The CCBHC Demonstration application must include, but is not limited to:

- The target Medicaid population to include adults with SMI, as well as others with AMI, children with SED, those with SUD and their families, to be served under the CCBHC Demonstration program.

- A list of CCBHCs that will participate in the CCBHC Demonstration at the beginning of the CCBHC Demonstration period.
- The desired geographic spread of the CCBHC program by the end of the CCBHC Demonstration period and a process and schedule for adding additional CCBHCs to the CCBHC Demonstration that meets the requirements included in this NOFO, the Certification Criteria, and other Federal guidance related to the CCBHC Demonstration.
- Verification that the state has certified at least two participating community behavioral health clinics as CCBHCs that represent diverse geographic areas, including rural and underserved areas.
- A description of the scope of behavioral health services available under the state Medicaid program that will be paid for under the PPS tested in the CCBHC Demonstration program.
- Verification that the state has agreed to pay for services funded under the CCBHC Demonstration program at the rate established under the PPS.

Selection of states participating in the CCBHC Demonstration program will be prioritized based on State CCBHC programs that:

- Have taken concrete steps to develop a CCBHC program in their state (e.g., Medicaid state plan amendments, support through Medicaid managed care, implementation of policies or statutes that are supportive of CCBHCs, support of CCBHCs through state revenues or block grant funds, planning for development of CCBHCs programs);
  - Provide a complete scope of services through participating clinics outlined in the Certification Criteria to individuals eligible for medical assistance under the state Medicaid program;
  - Improve the availability of, access to, and participation in, services outlined in the Certification Criteria for individuals eligible for medical assistance under the state's Medicaid program;
  - Improve availability of, access to, and participation in assisted outpatient mental health treatment in the state; or
  - Demonstrate the potential to expand available behavioral health services in the geographic area chosen for the CCBHC Demonstration by the State and increase the quality of such services without increasing net federal spending.
7. If selected, agree to pay for services at the rate established under the PPS system during the CCBHC Demonstration program, agree no payments will be

made for inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services, or to satellite facilities of CCBHCs if such facilities were established after April 1, 2014. See requirements outlined in [Section IV.2](#) under **Attachment 4**~~Error! Reference source not found.~~  
**Statement of Intent.**

#### **4. ALLOWABLE ACTIVITIES**

Allowable activities are an allowable use of grant funds but are not required. Allowable activities may include:

- Training and technical assistance in planning to participate in the CCBHC Demonstration program, including collaboration with states currently participating in the CCBHC Demonstration program, as well as in the development of potential CCBHC providers.
- Create a plan for workforce development and retention based upon identification of provider shortages across the state to support successful CCBHC implementation.

#### **5. DATA COLLECTION/PERFORMANCE MEASUREMENT AND PROJECT PERFORMANCE ASSESSMENT**

##### *Data Collection/Performance Measurement*

All SAMHSA recipients are required to collect and report performance measures so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your plan for data collection and reporting in your Project Narrative in response to [Section D](#): Data Collection and Performance Measurement of Section V of this NOFO.

Recipients are required to report performance on the following measures:

- The number and percentage of work group/advisory group/council members who are consumers/family members.
- The number of organizations collaborating/coordinating/sharing resources with other organizations as a result of the award.
- The number of organizations or communities that demonstrate improved readiness to change their systems in order to implement mental health–related practices that are consistent with the goals of the award.

This information will be gathered using a uniform data collection tool provided by SAMHSA. Data are to be reported quarterly using SAMHSA's Performance Accountability and Reporting System (SPARS). Further information on SPARS can be

found at: <https://spars.samhsa.gov/content/data-collection-tool-resources>. Technical assistance related to data collection and reporting will be offered.

The collection of these performance measures data enables SAMHSA to report on key outcomes relating to the program. In addition to these outcomes, performance measures data collected by recipients will be used to assess the impact of SAMHSA's programs on reducing disparities in behavioral health access, service use, and outcomes nationwide.

Performance measures data will be reported to the public as part of SAMHSA's Congressional Justification.

### *Project Performance Assessment*

Recipients must periodically review the performance measures they report to SAMHSA (as required above), assess their progress, and use this information to improve the management of their project. Recipients are also required to report on their progress addressing the goals and objectives identified in your Project Narrative.

Recipients will be required to submit written quarterly reports within 15 days from the end of the reporting quarter. The first report will be due no later than July 15, 2023. The report will describe progress on each of the required and allowable activities for which funding is provided, including accomplishments, barriers or challenges, and strategies for addressing barriers for each activity. Additional guidance on reporting requirements will be provided following award.

The project performance assessment should be designed to help recipients determine whether they are achieving the goals, objectives, and outcomes you intend to achieve and whether adjustments need to be made to projects. Performance assessments should also be used to determine whether a project is having/will have the intended impact on behavioral health disparities.

**No more than 20 percent of the total award may be used for data collection, performance measurement, and performance assessment, e.g., activities required above.**

## **6. OTHER EXPECTATIONS**

*SAMHSA Values That Promote Positive Behavioral Health*

SAMHSA expects recipients to use funds to implement high quality programs, practices, and policies that are recovery-oriented, trauma-informed, and equity-based as a means of improving behavioral health.<sup>3</sup>

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery oriented recipients promote partnerships with people in recovery from mental and substance use disorders and their family members to guide the behavioral health system and promote individual, program, and system-level approaches that foster: *Health*—managing one’s illnesses or symptoms and making informed healthy choices that support physical and emotional wellbeing; *Home*—a stable and safe place to live; *Purpose*—meaningful daily activities such as a job or school; and *Community*—supportive relationships with families, friends and peers. Recovery oriented systems of care embrace recovery as: emerging from hope; person-driven; occurring via many pathways; holistic; supported by peers and allies; culturally-based and influenced; supported through relationship and social networks; involving individual, family, and community strengths and responsibility; supported by addressing trauma; and based on respect.

Trauma-informed Approaches recognize and intentionally respond to the lasting adverse effects of experiencing traumatic events. A trauma-informed approach is defined through six key principles:

- *Safety*: participants and staff feel physically and psychologically safe;
- *Peer support*: peer support and mutual self-help as vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their lived experience;
- *Trustworthiness and Transparency*: decisions are conducted with the goal of building and maintaining trust;
- *Collaboration and Mutuality*: importance is placed on partnering and leveling power differences;
- *Cultural, Historical, & Gender Issues*: culture and gender-responsive services are offered while moving beyond stereotypes/biases;
- *Empowerment, Voice and Choice*: organizations foster a belief in the primacy of the people who are served to heal and promote recovery from trauma.<sup>4</sup>

It is critical recipients promote the linkage to recovery and resilience for those individuals and families impacted by trauma.

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<sup>3</sup> Behavioral health means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

<sup>4</sup> [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf)



[Behavioral health equity](#) is the right to access high-quality and affordable health care services and supports for all populations, including Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. As population demographics continue to evolve, behavioral health care systems will need to expand their ability to fluidly meet the growing needs of a diverse population. By improving access to behavioral health care, promoting quality behavioral health programs and practice, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high-quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity.

### *Behavioral Health Disparities*

If your application is funded, you will be expected to develop a behavioral health disparity impact statement no later than 60 days after your award. (See [Appendix D – Addressing Behavioral Health Disparities](#)).

The behavioral health disparity impact statement is in alignment with the expectations related to Executive Order 13985 “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.”

### *Tobacco and Nicotine Free Policy*

SAMHSA strongly encourages all recipients to adopt a tobacco/nicotine inhalation (vaping) product-free facility/grounds policy and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

## **7. RECIPIENT MEETINGS**

SAMHSA anticipates providing technical assistance related to various aspects of state CCBHC programs. As a part of this technical assistance, states will be expected to participate in a virtual recipient meeting. Should SAMHSA elect to shift to an in-person meeting, budget revisions will be permitted to support participation. SAMHSA will convene periodic voluntary and mandatory conference calls with recipients to discuss common challenges and accomplishments.

## **II. FEDERAL AWARD INFORMATION**

### **1. GENERAL INFORMATION**

**Funding Mechanism:** Cooperative Agreement

<b>Estimated Total Available Funding:</b>	\$15,000,000
<b>Estimated Number of Awards:</b>	15
<b>Estimated Award Amount:</b>	Up to \$1,000,000 per award
<b>Length of Project Period:</b>	1 Year
<b>Anticipated Start Date:</b>	March 30, 2023

Proposed budgets cannot exceed \$1,000,000 in total costs (direct and indirect) in any year of the proposed project. Funding estimates for this announcement will be based on the number of applications received. Applicants should be aware that the size of the award may vary depending on the number of applications SAMHSA receives.

The ten (10) states that are selected to participate in the CCBHC Demonstration program may request a no-cost extension beyond the project period to finalize planning activities to assist with the transition to the four-year CCBHC Demonstration phase.

## 2. COOPERATIVE AGREEMENT

Cooperative agreements are used for these awards because the program requires substantial federal programmatic participation, in each project, post-award. Under this cooperative agreement, the roles and responsibilities of recipients and SAMHSA staff are:

### Role of Recipient:

The recipient must:

- Comply with terms and conditions of the cooperative agreement award.
- Submit performance measure data via SAMHSA's SPARS.
- Collaborate with SAMHSA staff in project implementation and monitoring.

In addition, the recipient must:

- Seek SAMHSA approval for key positions to be filled. Key positions include the Project Director;
- Consult and accept guidance from SAMHSA staff on performance of programmatic and data collection activities to achieve the goals of the cooperative agreement;

- Maintain ongoing communication with SAMHSA, including a minimum of one call per month, keeping federal program staff informed of emerging issues, developments, and problems as appropriate;
- Identify barriers to implementing the Certification Criteria and/or the PPS that impede the recipients' ability to develop their CCBHC program;
- Work with the evaluation planning team to ensure data collection and reporting capability is sufficient for participating in the national evaluation of the CCBHC Demonstration program and identify a comparison group; and
- Participate in selected technical assistance and state engagement activities identified by their Government Project Officer (GPO).

#### Role of SAMHSA Staff:

The GPO will have overall programmatic responsibility for monitoring the progress of recipient sites, including conducting site visits. The GPO will provide substantial input, in collaboration with the recipients, both in the planning and implementation of the program and in both recipient and cross-site evaluation activities and will make recommendations regarding program continuance. In addition, GPOs will participate in the publication of results and packaging and dissemination of products and materials in order to make the findings available to the field. SAMHSA staff will:

- Serve as a point of contact to ensure that state questions are addressed, to the extent possible, by SAMHSA, CMS, and ASPE;
- Provide information and updates related to the CCBHC Certification Criteria, PPS, and Quality Measures;
- Facilitate available technical assistance;
- Review, provide feedback, and approve quarterly reports submitted by the recipient.
- Assist in the development and implementation of the required SAMHSA disparity impact strategy;
- Collect feedback to inform the development and operation of the CCBHC planning grants and demonstration; and
- Review and approve all key personnel.

### III. ELIGIBILITY INFORMATION

#### 1. ELIGIBLE APPLICANTS

The statutory authority limits eligibility to states including the District of Columbia<sup>5</sup> (hereafter referred to as states) that were not previously selected to participate in the CCBHC Demonstration Program. [Appendix I](#) of the NOFO provides a list of eligible states. Eligible applicants are either the State Mental Health Authority (SMHA), the Single State Agency for Substance Abuse Services (SSA), or the State Medicaid Agency (SMA). If the SMHA and the SSA or the SMHA, SSA, and the SMA are one entity, applicants must include a statement to that effect in **Attachment 1**.

SAMHSA expects state's SMHAs, SSAs, and SMAs to collaborate and certify clinics as CCBHCs, establish a PPS, and submit a proposal to participate in the CCBHC Demonstration program during the planning grant period. To demonstrate this collaboration, the applicant must include a signed Memorandum of Agreement (MOA) between the applicant agency and the two partnering agencies describing roles and responsibilities and committing to collaborate for this planning grant and CCBHC Demonstration program in **Attachment 1**. Only one application per state can be submitted.

#### 2. COST SHARING AND MATCHING REQUIREMENTS

Cost sharing/match is not required in this program.

**Note:** In the CCBHC Demonstration program selected states will be required to provide a state match for federal financial participation for Medicaid eligible individuals and services as described in [Appendix- III](#). Section 1902(a)(2) of the Social Security Act (the Act) and implementing regulations at 42 CFR 433.50(a)(1) of the Act requires states to share in the cost of medical assistance expenditures but permit the state to delegate some responsibility for the non-federal share of medical assistance expenditures to local sources under some circumstances.

### IV. APPLICATION AND SUBMISSION INFORMATION

#### 1. ADDRESS TO REQUEST APPLICATION PACKAGE

The application forms package specific to this funding opportunity can be accessed through [Grants.gov Workspace](#) or [eRA ASSIST](#). Due to difficulties with internet access, SAMHSA understands that applicants may have a need to request paper copies of

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<sup>5</sup> (e) Definitions.(4) STATE.—The term “State” has the meaning given such term for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.). 42 U.S.C. 1396 et seq, page 3307 defines the term “State” to mean 1 of the 50 States or the District of Columbia.

materials, including forms and required documents. See [Appendix A](#) for more information obtaining an application package.

## 2. CONTENT AND FORM OF APPLICATION SUBMISSION

### REQUIRED APPLICATION COMPONENTS

The standard and supporting documents that must be submitted with the application are outlined below and in [Appendix A - 2.2](#) Required Application Components of this NOFO.

All files uploaded as part of the application must be in Adobe PDF file format. See [Appendix B](#) of this NOFO for formatting and validation requirements.

SAMHSA will not accept paper applications except under very special circumstances. If you need special consideration, SAMHSA must approve the waiver of this requirement in advance. See [Appendix A](#) - 3.2 Waiver of Electronic Submission of this NOFO.

- **SF-424** – Fill out all Sections of the SF-424.
  - In **Line #4** (i.e., Applicant Identifier), input the Commons Username of the PD/PI.
  - In **Line #17** input the following information: (Proposed Project Date: a. Start Date: 3/30/2023; b. End Date: 3/29/2024).
- **SF-424A BUDGET INFORMATION FORM** – Fill out all Sections of the SF-424A using instructions below. **The totals in Sections A, B, and D must match.**
  - **Section A** – Budget Summary: If cost sharing/match is **not required**, use the first row only (Line 1) to report the total federal funds (e) and non-federal funds (f) requested for the **first year** of your project only. If cost sharing/match **is required**, use the **second row** (Line 2) to report the total non-federal funds (f) for the **first year** of your project only.
  - **Section B** – Budget Categories: If cost sharing/match is **not required**, use the first column only (Column 1) to report the budget category breakouts (Lines 6a through 6h) and indirect charges (Line 6j) for the total funding requested for the **first year** of your project only. If cost sharing/match is required, you must use the second column (Column 2) to report the budget category breakouts for the **first year** of your project only.
  - **Section C** – If cost sharing/match is **not required** leave this section blank. If cost sharing/match **is required** use the second row (line 9) to report non-federal match for the **first year** only.
  - **Section D** – Forecasted Cash Needs: Input the total funds requested, broken down by quarter, only for **Year 1** of the project period. Use the first row for federal funds and the second row (Line 14) for **non-federal** funds.

- **Section E** – Leave blank

A link to a sample budget form and justification is provided in [Appendix G](#) of this NOFO. **It is highly recommended that you use this sample budget format. This will expedite review of your application.**

- ▶ **PROJECT NARRATIVE – (Maximum 30 pages total)**

The Project Narrative describes the project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if the Project Narrative starts on page 5 and ends on page 35, it is 31 pages long). More detailed instructions for completing each section of the Project Narrative are provided in [Section V.1](#) – Application Review Information of this document.

- **BUDGET JUSTIFICATION AND NARRATIVE**

The budget justification and narrative must be submitted as a file entitled “BNF” (Budget Narrative Form) when you submit your application into Grants.gov. (See [Appendix A](#) – 2.2 Required Application Components.)

- **ATTACHMENTS 1 THROUGH 4**

Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them.

Label the attachments as: Attachment 1, Attachment 2, etc. (Use the Other Attachments Form if applying with Grants.gov Workspace or Other Narrative Attachments if applying with eRA ASSIST.)

- ***Attachment 1: A signed MOA between the Director of the State Mental Health Authority, the Director of the Single State Agency, and the Director of the State Medicaid Agency*** demonstrating a partnership to fulfill the requirements of the award. In addition, if the SMHA and the SSA are one entity, a confirmation letter (see [Section III-1](#) of this document). Include Letters of Commitment from any organization(s) at the state level participating in the planning grant.
- ***Attachment 2: Data Collection Instruments/Interview Protocols***  
  
If you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.
- ***Attachment 3: Biographical Sketches and Position Descriptions***

See [Appendix C](#) of this NOFO for information on completing biographical sketches and job descriptions. Position descriptions should be no longer than one page each and biographical sketches should be two pages or less.

- **Attachment 4: Statement of Intent**

A statement indicating that the State agrees to pay for services at the rate established under the prospective payment system (PPS) during the CCBHC Demonstration program and that no payments will be made for inpatient care, residential treatment, room and board expenses, or any other non-ambulatory services, or to satellite facilities of CCBHCs if such facilities were established after April 1, 2014.

### **3. UNIQUE ENTITY IDENTIFIER AND SYSTEM FOR AWARD MANAGEMENT**

See [Appendix A](#) for information about the three registration processes that must be completed including obtaining a Unique Entity Identifier and registering with the System for Award Management (SAM). You must continue to maintain an active SAM registration with current information during the period of time your organization has an active federal award or an application under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), has an exception approved by the agency under 2 CFR § 25.110(d)).

### **4. APPLICATION SUBMISSION REQUIREMENTS**

Applications are due by **11:59 PM** (Eastern Time) on **December 19, 2022**.

If you have been granted permission to submit a paper copy, the application must be received by the above date and time. See [Appendix A](#) of this NOFO for information on how to submit the application.

All applicants **MUST** register with NIH's eRA Commons in order to submit an application. This process takes up to six weeks. If you believe you are interested in applying for this opportunity, you **MUST** start the registration process immediately. Do not wait to start this process.

**WARNING: BY THE DEADLINE FOR THIS NOFO YOU MUST HAVE SUCCESSFULLY COMPLETED THE FOLLOWING TO SUBMIT AN APPLICATION:**

1. The applicant organization **MUST** be registered in NIH's eRA Commons; **AND**
2. The Project Director **MUST** have an active eRA Commons account (with the PI role) affiliated with the organization in eRA Commons.

**No exceptions will be made.**

Applicants must also register with SAM and Grants.gov (see [Appendix A](#) for all registration requirements).

**DO NOT WAIT UNTIL THE LAST MINUTE TO SUBMIT THE APPLICATION. If you wait until the last minute, there is a strong possibility that the application will not be received without errors by the deadline.**

## **5. FUNDING LIMITATIONS/RESTRICTIONS**

The funding restrictions for this project are below. Be sure to identify these expenses in your proposed budget.

- No more than 20 percent of the total award for the budget period may be used for data collection, performance measurement, and performance assessment.

**SAMHSA recipients must also comply with SAMHSA's standard funding restrictions, which are included in [Appendix E](#) – Standard Funding Restrictions.**

## **6. OTHER SUBMISSION REQUIREMENTS**

See [Appendix A](#) for specific information about submitting your application.



## V. APPLICATION REVIEW INFORMATION

### 1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to your response to the requirements in Sections A-D.

In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

- The Project Narrative (Sections A-D) together may be no longer than **30 pages**.
- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response, i.e., type “A-1”, “A-2”, etc., before your response to each question.** You do not need to type the full criterion in each section, you only need to include the letter and number of the criterion. You may not combine two or more questions or refer to another section of the Project Narrative in your response, such as indicating that the response for B.2 is in C.1. **Only information included in the appropriate numbered question will be considered by reviewers.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.
- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual questions, each question is assessed in deriving the overall Section score.
- Any cost sharing proposed in your application will not be a factor in the evaluation of your response to the Evaluation Criteria.

#### **Section A: Population of Focus/Statement of Need (15 points - Approximately 6 pages)**

1. Identify and describe the population that will be served through CCBHCs in your demonstration program. Provide a demographic profile of this population in terms of race, ethnicity, federally recognized tribe (if applicable), language, sex, gender identity, sexual orientation, age, and socioeconomic status. Include sub-populations such as adults with SMI and children with SED, individuals with SUD, and populations experiencing behavioral health disparities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, queer/questioning and intersex (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; persons otherwise

adversely affected by persistent poverty or inequality; and people exposed to community violence, including gun violence.

2. Describe the extent of the problem, including service gaps, and document the need (i.e., current prevalence rates of adults and children with mental illness and/or substance use disorders in the state and particularly in the areas of the state being considered for CCBHCs or incidence data) for the population(s) of focus based on data.
3. Describe how behavioral health services are organized, funded, and provided in the state.
4. Describe the capacity of the current Medicaid State Plan and section 1115 demonstration authority to provide the services listed in the [Certification Criteria](#) (Note: the nine required CCBHC services are identified in statute and will be included in the [updated certification criteria](#).)
5. Describe the state's current Medicaid payment and service delivery system for behavioral health services. Identify components of this system that will enhance or inhibit the provision of services listed in the Certification Criteria.

#### **Section B: Proposed Approach (35 points - Approximately 14 pages)**

1. Describe how the capacity, access, and availability of services to the population(s) of focus will be expanded. Include activities such as outreach and engagement, staff training, workforce diversity, and activities that address social determinants of health and development of services that are responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of the population(s) of focus.
2. Describe how CCBHCs will be selected to participate, whether the state has already certified any of them as a CCBHC, and how the state will work with clinics not already certified to meet or prepare to meet the requirements in [Certification Criteria](#). (Note: States will have the opportunity to update these requirements during the planning project period following the release of [updated CCBHC Certification Criteria](#).)
3. Describe how the state will include community behavioral health clinics in both urban and rural areas unless the state has no rural areas, such as in the District of Columbia.
4. Describe the process for adding clinics to the CCBHC Demonstration program throughout the CCBHC Demonstration period and the desired geographic spread of the program (if the state is electing to add sites over the course of the CCBHC Demonstration).

5. Describe how the state will finalize planning activities and assist with the transition to implementation of the CCBHC Demonstration program, if selected to participate in the CCBHC Demonstration program.
6. Describe and justify the selection of the PPS rate-setting methodology. Describe how CCBHCs will base cost with supporting data, as specified in the [prospective payment guidance](#) and collect this data. (Note: States will have the opportunity to update these plans during the planning project period following the release of updated guidance about PPS options.)
7. Describe how the state will establish a PPS for behavioral health services provided by CCBHCs in accordance with CMS guidance in [the prospective payment guidance](#). (Note: States will have the opportunity to update these plans during the planning project period following the release of updated guidance about PPS options.)
8. Describe how the capacity, access, and availability of services to the population of focus will be expanded. Include activities such as outreach and engagement, staff training, and workforce diversity.
9. Describe how the state will work with CCBHCs to develop a process of board governance or other appropriate opportunities for meaningful input by consumers, persons in recovery, and family members.
10. Describe how input on the development of the CCBHC Demonstration program will be solicited from consumers, family members, providers, and other stakeholders including American Indian/Native Alaskans and how they will be kept informed of the activities, changes, and processes related to the project.

**Section C: Staff and Organizational Experience (30 points - Approximately 6 pages)**

1. Discuss any steps the state has already taken to develop a CCBHC program in their state (e.g., Medicaid state plan amendments, support through Medicaid managed care, implementation of policies or statutes that are supportive of CCBHCs, support of CCBHCs through state revenues or block grant funds or planning for development of CCBHCs programs).
2. Identify any other organization(s) that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project. Include Letters of Commitment from these organizations in **Attachment 1** of the application.
3. Provide a complete list of staff positions for the project, including the Project Director and other key personnel, showing the role of each and their level of effort and qualifications. Discuss how key staff have demonstrated experience

and are qualified to develop the infrastructure for the population(s) to engage in activities and are familiar with their culture(s) and language(s).

#### **Section D: Data Collection and Performance Measurement (20 points - Approximately 4 pages)**

1. Document the ability to collect and report on the required performance measures as specified in [Section I-5](#) of this NOFO. Describe the plan for data collection, management, analysis, and reporting of data for the program. Specify and justify any additional measures the state plans to use for the project.
2. Describe how the state will support CCBHCs as they build the performance measurement infrastructure and implement continuous quality improvement processes.
3. Describe the plan for conducting the performance assessment as specified in [Section I-5](#) of this NOFO and document the ability to conduct the assessment.
4. Discuss the challenges that may be encountered in collecting the data required for the national evaluation and how the state will address these challenges.
5. Describe the capacity to collect data to inform the national evaluation of the CCBHC Demonstration program including claims, encounter data, patient records, chart-based/registry data, and patient experience data.

#### **2. BUDGET JUSTIFICATION, EXISTING RESOURCES, OTHER SUPPORT (other federal and non-federal sources)**

You must provide a narrative justification of the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal, or institutional, in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. (This should correspond to Item #18 on your SF-424, Estimated Funding.) Other sources of funds may be used for unallowable costs, e.g., meals, sporting events, entertainment.

An illustration of a budget and narrative justification is included in [Appendix G](#) – Sample Budget and Justification. **It is highly recommended that you use this sample budget format.** Your proposed budget must reflect the funding limitations/restrictions specified in [Section IV-3](#). **Specifically identify the items associated with these costs in your budget.**

#### **3. REVIEW AND SELECTION PROCESS**

The Project Narratives of SAMHSA applications are peer-reviewed according to the evaluation criteria listed above.

Decisions to fund an award are based on:

The strengths and weaknesses of the application as identified by peer reviewers. The results of the peer review are of an advisory nature.

The program office and approving official make the final determination for funding:

- When the individual award is over \$250,000, approval by the CMHS National Advisory Council.
- Availability of funds.
- Equitable distribution of awards in terms of geography (including urban, rural, and remote settings) and balance among populations of focus and program size.
- Submission of any required documentation that must be submitted prior to making an award.
- SAMHSA is required to review and consider any information about your organization that is in the Federal Award Performance and Integrity Information System (FAPIIS). In accordance with 45 CFR 75.212, SAMHSA reserves the right not to make an award to an entity if that entity does not meet the minimum qualification standards as described in section 75.205(a)(2). If SAMHSA chooses not to award a fundable application in accordance with 45 CFR 75.205(a)(2), SAMHSA must report that determination to the designated integrity and performance system accessible through the System for Award Management (SAM) [currently, FAPIIS]. You may review and comment on any information about your organization that a federal awarding agency previously entered. SAMHSA will consider your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in 45 CFR 75.205 HHS Awarding Agency Review of Risk by Applicants.
- Applications demonstrating significant prior work to develop infrastructure and capacity for implementation of CCBHCs will be given priority in the selection process.

## **VI. FEDERAL AWARD ADMINISTRATION INFORMATION**

### **1. FEDERAL AWARD NOTICES**

You will receive an email from SAMHSA, via NIH's eRA Commons, that will describe the process for how you can view the general results of the review of your application, including the score that your application received.

If your application is approved for funding, a Notice of Award (NoA) will be emailed to the following: 1) the BO's email address identified in the Authorized Representative section email field on page 3 of the SF-424; and 2) the email associated with the Commons account for the Project Director (section 8 Item f on page 1 of the SF-424). Hard copies of the NoA will no longer be mailed via postal service. The NoA is the sole obligating document that allows you to receive federal funding for work on the grant project. Information about what is included in the NoA can be found at: <https://www.samhsa.gov/grants/grants-management/notice-award-noa>.

If your application is not funded, you will receive a notification from SAMHSA, via NIH's eRA Commons.

## **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. See [Appendix F](#) for specific information about administrative and national policy requirements.

## **3. REPORTING REQUIREMENTS**

You will be required to submit quarterly progress report on project performance within 15 days of the end of each quarter. The reports must address:

1. Progress achieved in the project which should include qualitative and quantitative data (GPRA) to demonstrate programmatic progress to include updates on required activities, successes, challenges and changes or adjustments that have been made to their project since submission of the project proposal.
2. Progress and barriers encountered in addressing needs related to access and quality of care of under-resourced populations related to the Disparity Impact Statement (DIS).
3. Efforts to overcome these barriers.
4. Evaluation activities for tracking DIS efforts; and
5. A revised quality improvement plan if the DIS does not meet quality of care requirements as stated in the DIS.

A final performance report must be submitted within 120 days after the end of the project period. The final performance report must be cumulative and report on all activities during the entire project period. Refer to [Section VI.3](#) for any program specific information on the frequency of reporting and any additional requirements. Additional guidance on reporting requirements will be provided following award.

In addition to the data reporting requirements listed in [Section I-2.3](#), recipients must comply with the reporting requirements listed on the SAMHSA website at

<http://www.samhsa.gov/grants/grants-management/reporting-requirements>. Recipients will submit reports quarterly and a final report at the end of the grant period.

### **Grants Management:**

Successful applicants must also comply with the following standard grants management reporting requirements at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>, unless otherwise noted in the NOFO or NoA.

## **VII. AGENCY CONTACTS**

For program related and eligibility questions contact:

Mary Blake  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
[CCBHC@samhsa.hhs.gov](mailto:CCBHC@samhsa.hhs.gov)  
(240) 276-1747

For fiscal/budget related questions contact:

Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
(240) 276-1400  
[FOACMHS@samhsa.hhs.gov](mailto:FOACMHS@samhsa.hhs.gov)

For grant review process and application status questions contact:

Gabriela Porter  
Office of Financial Resources, Division of Grant Review  
Substance Abuse and Mental Health Services Administration  
(240) 276-1675  
[Gabriela.porter@samhsa.hhs.gov](mailto:Gabriela.porter@samhsa.hhs.gov)

# Appendix A – Application and Submission Requirements

## 1. GET REGISTERED

You are required to complete three **(3) registration processes:**

- 1.1) System for Award Management (SAM);
- 1.2) Grants.gov; and
- 1.3) eRA Commons.

If you have already completed registrations for SAM and Grants.gov, you need to ensure that your accounts are still active, and then register in **eRA Commons (see 1.3)**.

You must register in eRA Commons and receive a Commons Username in order to have access to electronic submission, receive notifications on the status of your application, and retrieve award information.

**WARNING: If your organization is not registered and does not have an active eRA Commons PI/PD account by the deadline, the application will not be accepted. No exceptions will be made.**

### 1.1 System for Award Management Registration

You must register with the System for Award Management (SAM). You will be assigned a UEI as part of the registration process. If your organization is currently registered in SAM.gov, your UEI has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity Identifier is currently located below the DUNS Number on your entity registration record. You must be signed in to your SAM.gov account to view entity records.

You must continue to maintain active SAM registration with current information during the period of time your organization has an active federal award or an application under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), has an exception approved by the agency under 2 CFR § 25.110(d)). To create a SAM user account, Register/Update your account, and/or Search Records, go to <https://www.sam.gov>. It takes 7-10 business days for a new SAM entity registration to become active.

It is important to initiate this process well before the application deadline. You will receive an email alerting you when your registration is active.

It is also highly recommended that you renew your account prior to the expiration date. **SAM information must be active and up-to-date and should be updated at least every 12 months to remain active (for both recipients and sub-recipients).** Once you update your record in SAM, **it will take 48 to 72 hours to complete the validation**



processes. **Grants.gov rejects electronic submissions from applicants with expired registrations.**

If your SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires.

## 1.2 Grants.gov Registration

[Grants.gov](http://www.grants.gov) is an online portal for submitting federal award applications. It requires a one-time registration to submit applications. eRA Commons registration is separate but can be done concurrently. You can register to obtain a Grants.gov username and password at <http://www.grants.gov/web/grants/register.html>.

If you have already completed Grants.gov registration and ensured your Grants.gov and SAM accounts are up-to-date and/or renewed, go to the eRA Commons registration steps noted below. If this is your first time submitting an application through Grants.gov, registration information can be found at the Grants.gov “[Applicants](#)” tab.

The person submitting your application must be properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific UEI number cited on the SF-424 (first page). See the Organization Registration User Guide for details at the following Grants.gov link: <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

## 1.3 eRA Commons Registration

eRA Commons is an online data platform managed by NIH that allows applicants, award recipients, and federal staff to securely share, manage, and process award-related information. It is strongly recommended that you start the eRA Commons registration process **at least six (6) weeks** prior to the application due date. Organizations applying for SAMHSA funding must register in eRA Commons. This is a one-time registration separate from Grants.gov registration. Note: Grants.gov and eRA Commons Registration may occur concurrently. In addition to the organization registration, the BO named in the Authorized Representative section field on page 4 of the SF-424 and the Project Director details entered in the Applicant Information item f on page 2 of the SF-424 (Name and contact information of the person to be contacted on matters involving this application) must have accounts in eRA Commons and receive a Commons ID in order to have access to electronic submission and retrieval of application/grant information. **If your organization is not registered and does not have an active eRA Commons PI account by the deadline, the application will not be accepted.**

For organizations registering with eRA Commons for the first time, the BO named in the Authorized Representative section of the SF-424 must complete the online [Institution Registration Form](#). Instructions on how to complete the online Institution Registration Form is provided on the eRA Commons Online Registration Page.

[Note: You must have a valid and verifiable UEI number to complete the eRA Commons registration.]

After the BO named as the Authorized Representative completes the online Institution Registration Form and clicks Submit, the eRA Commons will send an e-mail notification from [era-notify@mail.nih.gov](mailto:era-notify@mail.nih.gov) with the link to confirm the email address. Once the e-mail address is verified, the registration request will be reviewed and confirmed via email. If your request is denied, the representative will receive an email detailing the reason for the denial. If the request is approved, the BO will receive an email with a Commons User ID for the Signing Official account ('SO') role. The representative will receive a separate email pertaining to this SO account containing a temporary password to be used for the first-time log in. The representative will need to log into Commons with the temporary password, at which time the system will provide prompts to change the temporary password to one of their choosing. Once the BO/SO signs the registration request, the organization will be active in Commons. The BO/SO can then create additional accounts for the organization as needed. Organizations can have multiple user accounts with the SO role, and any user with the SO role will be able to create and maintain additional accounts for the organization's staff, including accounts for those designated as Project Director/Principal Investigator (PD/PI) and other Signing Officials.

**Important:** The eRA Commons requires organizations to identify at least one BO/SO, who is the BO entered in the Authorized Representative section on the SF-424, and a PD/PI in order to submit an application. The primary BO/SO must create the account for the PD/PI listed as the person to contact regarding the application on page 2 of the SF-424 assigning that person the 'PI' role in Commons. Note that you must also enter the PD/PI's Commons Username into the 'Applicant Identifier' field of the SF-424 document (Line 4).

You can find additional information about the eRA Commons registration process at [https://era.nih.gov/reg\\_accounts/register\\_commons.cfm](https://era.nih.gov/reg_accounts/register_commons.cfm).

## **2. WRITE AND COMPLETE APPLICATION**

**SAMHSA strongly encourages you to sign up for Grants.gov email notifications regarding this NOFO. If the NOFO is cancelled or modified, individuals who sign up with Grants.gov for updates will be automatically notified.**

### **1.1 Obtaining Paper Copies of Application Materials**

If your organization has difficulty accessing high-speed internet and cannot download the required documents, you may request a paper copy of the application materials. Call the Division of Grant Review at 240-276-1199 for additional information on obtaining paper copies.

### **2.2 Required Application Components**

After downloading and retrieving the required application components and completing the registration processes, it is time to write and complete your application. All files uploaded with the Grants.gov application **MUST** be in **Adobe PDF** file format. Directions for creating PDF files can be found on the Grants.gov website. See [Appendix B](#) for all application formatting and validation requirements.

### **Standard Application Components**

Applications must include the following required application components listed in the table below. This table consists of a full list of standard application components, a description of each required component, and where you can find each document.

#	Standard Application Components	Description	Where to Find Document
1	SF-424 (Application for Federal Assistance) Form	<p>This form must be completed by applicants for all SAMHSA awards. The names and contact information for Project Director (PD) and Business Official (BO) are required for SAMHSA applications and are to be entered on the SF-424 form.</p> <ul style="list-style-type: none"> <li>The PD must have an eRA Commons account: the PD's Commons Username must be entered in field <b>4. Applicant Identifier</b>; and the PD's name, phone number and email address must be entered in Section <b>8. APPLICANT INFORMATION: item f. Name and contact information of person to be contacted on matters involving this application.</b></li> <li>The BO name, title, email address and phone number must be entered in the <b>Authorized Representative</b> section fields on page four of the SF 424. The organization mailing address is required in section 8. <b>APPLICANT INFORMATION</b> item <b>d. Address.</b></li> </ul> <p>All SAMHSA Notices of Award (NoAs) will be emailed by SAMHSA via NIH's eRA Commons to the Project Director/Principal Investigator (PD/PI), and the Signing Official/Business Official (SO/BO).</p>	<a href="https://www.grants.gov/forms">Grants.gov/forms</a>
2	SF-424 A (Budget Information – Non-Construction Programs) Form	Use SF-424A. Fill out Sections A, B, D and E of the SF-424A. Section C should only be completed if applicable. <b>It is highly recommended that you use the budget template.</b>	<a href="https://www.grants.gov/forms">Grants.gov/forms</a>
3	Project/Performance Site Location(s) Form	The purpose of this form is to collect location information on the site(s) where work funded under this announcement will be performed.	<a href="https://www.grants.gov/forms">Grants.gov/forms</a>

#	Standard Application Components	Description	Where to Find Document
4	Project Abstract Summary	It is recommended the abstract is no more than one page. It should include the project name, population(s) to be served (demographics and clinical characteristics), strategies/interventions, project goals and measurable objectives, including the number of people to be served annually and throughout the lifetime of the project, etc. In the first five lines or less of your abstract, write a summary of your project that can be used, if your project is funded, in publications, reports to Congress, or press releases.	
5	Project Narrative Attachment	The Project Narrative is your response to the Evaluation Criteria found at Section V.1 of this NOFO. It cannot be longer than 30 pages. You must attach the Project Narrative file (Adobe PDF format only) inside the Project Narrative Attachment Form.	
6	Budget Justification and Narrative Attachment	You must include a detailed Budget Narrative in addition to Budget Form SF-424A. In preparing the budget, adhere to any existing federal award or agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. The budget justification and narrative must be submitted as file "BNF" when you submit your application into Grants.gov.	<a href="#">SAMHSA Website</a>
7	SF-424 B (Assurances for Non-Construction) Form	You must read the list of assurances provided on the SAMHSA website and check the box marked 'I Agree' before signing the first page (SF-424) of the application.	<a href="#">SAMHSA Website</a>
G 8	Disclosure of Lobbying Activities (SF-LLL) Form	Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before Congress or state legislatures. You must sign and submit this form, if applicable.	<a href="#">Grants.gov/forms</a>
9	Other Attachments Form	Refer to the Supporting Documents below. Use the Other Attachments Form to attach all required additional/supporting documents listed in the table below.	

### **Supporting Documents**

In addition to the Standard Application Components listed above, the following supporting documents are necessary for the review of your application. Supporting documents must be attached to your application. **For each of the following**

application components, attach each document (Adobe PDF format only) using the Other Attachments Form in ASSIST, Workspace, or other S2S provider.

#	Supporting Documents	Description	Where to Find Document
1	HHS 690 Form	Every applicant must have a completed <a href="#">HHS 690 form (PDF   291 KB)</a> on file with the Department of Health and Human Services.	<a href="#">SAMHSA Website</a>
2	Biographical Sketches and Job Descriptions (Attachment 3)	See <a href="#">Appendix C</a> of this document for additional instructions for completing these sections. Formatting requirements outlined in Appendix B are not applicable for these documents.	<a href="#">Appendix C</a> of this document.
3	Additional Documents in the NOFO	The NOFO will indicate the attachments you need to include in your application.	NOFO: Section IV.

### 2.3 Additional Documents for Submission (SAMHSA Website)

You will find additional materials you will need to complete your application on the SAMHSA website at <http://www.samhsa.gov/grants/applying/forms-resources>.

## 3. SUBMIT APPLICATION

### 3.1 Electronic Submission (eRA ASSIST, Grants.gov Workspace, or other S2S provider)

After completing all required registration and application requirements, SAMHSA requires applicants to **electronically submit** using eRA ASSIST, Grants.gov Workspace, or another system to system (S2S) provider. Information on each of these options is below:

- 1) **ASSIST** – The Application Submission System and Interface for Submission Tracking (ASSIST) is an NIH sponsored online interface used to prepare applications using the SF424 form set, submit electronically through Grants.gov to SAMHSA and other participating agencies, and track grant applications. [Note: ASSIST requires an eRA Commons ID to access the system]
- 2) **Grants.gov Workspace** – You can use the shared, online environment of the Grants.gov Workspace to collaboratively work on different forms within the application.

The specific actions you need to take to submit your application will vary by submission method as listed above. The steps to submit your application are as follows:

To submit to Grants.gov using ASSIST: [eRA Modules, User Guides, and Documentation | Electronic Research Administration \(eRA\)](#)

To submit to Grants.gov using the Grants.gov Workspace:

<http://www.grants.gov/web/grants/applicants/workspace-overview.html>

Regardless of the option you use, your application will be subject to the same registration requirements, completed with the same data items, routed through Grants.gov, validated against the same agency business rules, assembled in a consistent format for review consideration, and tracked in eRA Commons. All applications that are successfully submitted must be validated by Grants.gov before proceeding to the NIH eRA Commons system and validations.

### 3.2 Waiver from Electronic Submission

SAMHSA will not accept paper applications except under very special circumstances. If you need special consideration, SAMHSA must approve the waiver of this requirement in advance.

If you do not have the technology to apply online, or your physical location has no Internet connection, you may request a waiver of electronic submission. **You must send a written request to the Division of Grant Review at least 15 calendar days before the application due date.**

Direct any questions regarding the submission waiver process to the Division of Grant Review at 240-276-1199.

### 3.3 Deadline

On-time submission requires that electronic applications be error-free and made available to SAMHSA for processing from the NIH eRA system on or before the application due date and time. Applications must be submitted to and validated successfully by Grants.gov and eRA Commons no later than 11:59 PM Eastern Time on the application due date. Applications submitted in Grants.gov after the application due date will not be considered for review.

**You are strongly encouraged to allocate additional time prior to the submission deadline to submit your application and to correct errors identified in the validation process. You are also encouraged to check the status of your application submission to determine if the application is complete and error-free.**

### 3.4 Resources for Assistance

If you encounter problems when submitting your application in Grants.gov, you must attempt to resolve them by contacting the Grants.gov Service Desk at the following:

- By e-mail: [support@grants.gov](mailto:support@grants.gov)
- By phone: (toll-free) 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

**Make sure you receive a case/ticket/reference number that documents the issues/problems with Grants.gov.**

Additional support is also available from the NIH eRA Service desk at:

- By e-mail: <http://grants.nih.gov/support/index.html>
- By phone: 301-402-7469 or (toll-free) 1-866-504-9552. (press menu option 6 for SAMHSA). The NIH eRA Service desk is available Monday – Friday, 7 a.m. to 8 p.m. Eastern Time, excluding federal holidays.

If you experience problems accessing or using ASSIST (see below), you can:

- Access the ASSIST Online Help Site at: <https://era.nih.gov/erahelp/assist/>
- Or contact the NIH eRA Service Desk

SAMHSA highly recommends that you submit your application 24-72 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit.

## **4. AFTER SUBMISSION**

### **4.1 System Validations and Tracking**

After you complete and comply with all registration and application requirements and submit your application, the application will be validated by Grants.gov. You will receive a notification that your application is being processed. You will receive two additional e-mails from Grants.gov within the next 24-48 hours (one notification email will confirm receipt of the application in Grants.gov, and the other notification email will indicate that the application was either successfully validated by the Grants.gov system or rejected due to errors). It is important that you retain this Grants.gov tracking number. **Receipt of the Grants.gov tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance (see Resources for Assistance in Section 3.4).**

If Grants.gov identifies any errors and rejects your application with a “Rejected with Errors” status, you must address all errors and resubmit. If no problem is found, Grants.gov will allow the eRA system to retrieve the application and check it against its own agency business rules (eRA Commons Validations). If you use ASSIST to complete your application, you can validate your application and fix errors before submission.

After you successfully submit your application through Grants.gov, your application will go through eRA Commons validations. If no errors are found, the application will be assembled in eRA Commons. At this point, you can view your application in eRA commons. It will then be forwarded to SAMHSA as the receiving institution for further review.

If errors are found during eRA Commons validation, you will receive a System Error and/or Warning notification regarding the problems found in the application (see 4.2 below). You must take action to make the required corrections and resubmit the application through Grants.gov before the application due date and time. Do not assume that if your application passes the grants.gov validations that it will successfully pass eRA validations and will be received by SAMHSA. You must check your application status in eRA Commons to ensure that no errors were identified. It is critical that you allow for sufficient time to resubmit the application if errors are detected.

**You are responsible for viewing and tracking your applications in the eRA Commons after submission through Grants.gov to ensure accurate and successful submission.** Once you can access your application in the eRA Commons, be sure to review it carefully as this is what reviewers will see.

#### **4.2 eRA Commons: Warning vs. Error Notifications**

You may receive a System Warning and/or Error notification after submitting an application. Take note that there is a distinction between System Errors and System Warnings.

**Warnings** – If you receive a Warning notification after the application is submitted, you are not required to resubmit the application. The reason for the Warning will be identified in the notification. It is at your discretion to choose to resubmit, but if the application was successfully received, it does not require any additional action.

**Errors** – If you receive an Error notification after the applications is submitted, you must correct and resubmit the application. The word Error is used to characterize any condition which causes the application to be deemed unacceptable for further consideration.

#### **4.3 System or Technical Issues**

If you encounter a system error that prevents you from completing the application submission process on time, the BO from your organization will receive an email notification from eRA Commons. SAMHSA highly recommends contacting the eRA Service Desk and submitting a web ticket to document your good faith attempt to submit your application and determining next steps. See Section 3.4 for more information on contacting the eRA Service Desk.

#### **4.4 Resubmitting a Changed/Corrected Application**



If SAMHSA does not receive your application by the application due date as a result of a failure in the SAM, Grants.gov, or NIH's eRA Commons systems, you must contact the Division of Grant Review within **one business day after the official due date at: [dgr.applications@samhsa.hhs.gov](mailto:dgr.applications@samhsa.hhs.gov)** and provide the following:

- A case number or email from SAM, Grants.gov, and/or NIH's eRA system that allows SAMHSA to obtain documentation from the respective entity for the cause of the error.

SAMHSA will consider the documentation to determine **if** you followed Grants.gov and NIH's eRA requirements and instructions, met the deadlines for processing paperwork within the recommended time limits, met NOFO requirements for submission of electronic applications, and made no errors that caused submission through Grants.gov or NIH's eRA to fail. No exceptions for submission are allowed when user error is involved. Note that system errors are extremely rare.

[Note: When resubmitting an application after revisions have been made, ensure that the **Project Title is identical to the Project Title in the originally submitted application** (i.e., no extra spacing) as the Project Title is a free-text form field.] In addition, check the Changed/Corrected Application box in #1.

## Appendix B - Formatting Requirements and System Validation

### 1. SAMHSA FORMATTING REQUIREMENTS

SAMHSA's goal is to review all applications submitted for funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. See below for a list of formatting requirements required by SAMHSA:

- Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. You may use Times New Roman 10 only for charts or tables.
- **You must submit your application and all attached documents in Adobe PDF format, or your application will not be forwarded to eRA Commons and will not be reviewed. See Section 3 below for more details on PDF requirements.**
- To ensure equity among applications, the 30-page limit for the Project Narrative cannot be exceeded. If an application exceeds the 30-page limit, the application will not be reviewed.
- Black print should be used throughout your application, including charts and graphs (no color).
- If you are submitting more than one application under the same announcement number, you must ensure that the Project Title in Field 15 of the SF-424 is unique for each submission.

### 2. GRANTS.GOV FORMATTING AND VALIDATION REQUIREMENTS

- Grants.gov allows the following list of UTF-8 characters when naming your attachments: A-Z, a-z, 0-9, underscore, hyphen, space, and period. Other UTF-8 characters should not be used as they will not be accepted by NIH's eRA Commons, as indicated in item #9 in the table below.
- Scanned images must be scanned at 150-200 dpi/ppi resolution and saved as a PDF file. Using a higher resolution setting or different file type will result in a larger file size, which could result in rejection of your application.
- Any files uploaded or attached to the Grants.gov application must be PDF file format and must contain a valid file format extension in the filename. In

addition, the use of compressed file formats such as ZIP, RAR or Adobe Portfolio will not be accepted.

### 3. eRA COMMONS FORMATTING AND VALIDATION REQUIREMENTS

The following are formatting requirements and system validations required by eRA Commons and will result in errors if not met. The application must be 'error free' to be processed through the eRA Commons. There may be additional validations which will result in Warnings but these will not prevent the application from processing through the submission process. (See Appendix A, Section 4.2)

#### **ASSIST File Formatting Requirements**

The eRA system contains file formatting requirements for uploading documents in ASSIST. The only accepted file type for submission is PDF and each file may be no larger than 6 MB. Fillable forms must be 'flattened' and saved as a PDF prior to upload. Adobe Portfolio file types will not be accepted.

Files for Upload to ASSIST must be:

- PDF Format
- Under 6MB in File Size
- 8.5 x 11 Page Size
- Flat (*No Fillable/Editable Fields*)

Files must **NOT** contain:

- Password-Protection
- Live hyperlinks (*only plain text URLs*)
- Bookmarks or Signature Boxes
- A filename exceeding 50 Characters (*including spaces*)

#### **Flatten Fillable Forms Prior to Upload in ASSIST**

A completed fillable form (an electronic document that can be filled out and edited digitally—also called fillable, dynamic, or interactive forms) should not only be saved as a PDF; it must also be flattened to remove the interactive fields so that the final answers are saved. Flattening a form is not the same as “locking” it; locking a form restricts access to editing, printing, and copying the document.

Flattening a PDF document:

- **Keeps form values permanent.** When an interactive PDF is uploaded or emailed, every field remains open to accidental or deliberate revision. Flattening the form ensures that only the completed version of the form is visible.
- **Removes values on drop down lists.** A flattened document will show only the selected text or value, no other values and options are shown and there is no indication that options were present.
- **Simplifies the PDF.** Interactive forms are larger than normal files, which may prevent upload for submission. Flattening reduces the file size which makes it easier to render and view.

To flatten a file, follow the steps below.

6. Ensure that the form is completed and the information is correct. Go to the print settings by selecting **File > Print**.
7. On the pull-down menu of printer options, choose Adobe PDF or Microsoft Print to PDF, then click OK.
8. After clicking **OK**, a pop-up will open with options to save the PDF. Be sure to select a specific location to save the document where it can easily be found and give it a unique file name. Use a file name that clearly differentiates the completed form from the original fillable form. File names cannot exceed 50 characters.
9. The flattened form should appear in the new location with the new file name. Open it to check once more for any changes and to confirm that the conversion worked.

If you do not adhere to these requirements, you will receive an email notification from [era-notify@mail.nih.gov](mailto:era-notify@mail.nih.gov) to take action and adhere to the requirements so that your application can be processed successfully. It is highly recommended that you submit your application 24-72 hours before the submission deadline to allow for sufficient time to correct errors and resubmit the application. If you experience any system validation or technical issues after hours on the application due date, contact the eRA Service Desk and submit a Web ticket to document your good faith attempt to submit your application.

### **eRA Commons Validation Table**

The following table shows formatting requirements and system validations required by eRA Commons and will result in errors if not met.

eRA Validations	eRA Error Messages
<p><b>#1: Applicant Identifier (Item 4 on the SF-424):</b></p> <p>The PD/PI Credentials must be provided</p> <p>Username provided must be a valid Commons account</p> <p>Username must be affiliated with the organization submitting the application and or have the PI role</p>	<p>The Commons Username must be provided in the Applicant Identifier field for the PD/PI.</p> <p>The Commons Username provided in the Applicant Identifier is not a recognized Commons account.</p> <p>The Commons account provided in the Applicant Identifier field for the PD/PI is either not affiliated with the applicant organization or does not hold the PI role. Check with your Commons Account Administrator to make sure your account affiliation and roles are set-up correctly.</p>
<p><b>#2. The UEI number provided must include valid characters (9 or 13 numbers with or without dashes)</b></p>	<p>The UEI number provided has invalid characters (other than 9 or 13 numbers) after stripping of dashes.</p>
<p><b>#3. The documentation (forms) required for the NOFO must be submitted</b></p>	<p>The format of the application does not match the format of the NOFO. Contact the eRA Service Desk for assistance.</p>
<p><b>#4 If a change or correction is made to address an error, "Changed/Corrected" must be selected. (Item #1 on the SF-424). Refer to <a href="#">Appendix A II-4.4</a> for more information on resubmission criteria.</b></p>	<p>This application has been identified as a duplicate of a previous submission. The 'Type of Submission' should be set to Changed/Corrected if you are addressing errors/warnings.</p>
<p><b>#5. The application cannot exceed 1.2GB.</b></p>	<p>The application did not follow the agency-specific size limit of 1.2 GB. Resize the application to be no larger than 1.2 GB before submitting.</p>
<p><b>#6. The correct Notice of Funding Opportunity (NOFO) number must be provided</b></p>	<p>The Funding Opportunity Announcement number does not exist.</p>
<p><b>#7. All documents and attachments must be submitted in PDF format.</b></p>	<p>"The &lt;attachment&gt; attachment is not in PDF format. All attachments must be provided to the agency in PDF format with a .pdf extension. Help with PDF attachments can be found at <a href="http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm">http://grants.nih.gov/grants/ElectronicReceipt/pdf_guidelines.htm</a>."</p>

eRA Validations	eRA Error Messages
<p>#8. All attachments must comply with the following formatting requirements: PDF attachments cannot be empty (0 bytes).</p> <p>All PDF attachments cannot have Meta data missing, cannot be encrypted, password protected or secured documents.</p> <p>The size of PDF attachments cannot be larger than 8.5 x 11 inches (horizontally or vertically). [Note: It is recommended that you limit the size of attachments to 35 MB.]</p> <p>PDF attachments must have a valid file name. Valid file names must include the following UTF-8 characters: A-Z, a-z, 0-9, underscore ( _ ), hyphen (-), space, period.</p>	<p>The {attachment} attachment was empty. PDF attachments cannot be empty, password protected or encrypted.</p> <p>The &lt;attachment&gt; attachment contained formatting or features not currently supported by NIH: &lt;condition returned&gt;.</p> <p>Filename &lt;file&gt; cannot be larger than U.S. standard letter paper size of 8.5 x 11 inches. See the PDF guidelines at <a href="http://grants.nih.gov/grants/ElectronicReceipt/pdf/guidelines.htm">http://grants.nih.gov/grants/ElectronicReceipt/pdf/guidelines.htm</a></p> <p>The &lt;attachment&gt; attachment filename is invalid. Valid filenames may only include the following characters: A-Z, a-z, 0-9, underscore ( _ ), hyphen (-), space, or period. No special characters (including brackets) can be part of the filename.</p>
<p>#9. The email addresses for the Contact Person (SF-424 Section F) and the Authorized Representative (SF-424 below Section 21) must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars &lt; &gt; ( ) [ ] \ , ; : are not valid.</p>	<p>The submitted e-mail address for the person to be contacted {email address}, is invalid. Must contain a '@', with at least 1 and at most 64 chars preceding and following the '@'. Control characters (ASCII 0 through 31 and 127), spaces and special chars &lt; &gt; ( ) [ ] \ , ; : are not valid.</p>
<p>#10. Congressional district code of applicant (after truncating) must be valid. (SF-424, item 16 a and b)</p>	<p>Congressional district &lt;Congressional District&gt; is invalid. To locate your district, visit <a href="http://www.house.gov/">http://www.house.gov/</a></p>

<b>Budget Errors</b>	
<b>eRA Validations</b>	<b>eRA Error Messages</b>
<p><u>SF424-A: Section A – Budget Summary</u> The total fields at the end of rows or at the bottom of columns must equal the sum of the elements for that row or column</p>	<p>Ensure that the sum of Award Program Function or Activity (a) elements entered equals the total amounts in the Total field</p>
<p><u>SF424-A: Section B – Budget Categories</u> The Total in Section B (Column 5 - Row k) must equal the Total in Section A – Budget Summary: (Row 5, Column g).</p>	<p>Ensure that the TOTALS Total (row k, column 5) equals the Budget Summary Totals in section A, row 5 column g.</p>
<p><u>SF424-A: Section D – Forecasted Cash Needs</u> The Federal Total for the 1st Year (Line 13) must equal the Total in Section A (Row 5, Column g)</p> <p>The Non-Federal Total for 1st Year sum must equal Estimated Unobligated Funds Non-Federal Totals in Section A (d-5) + New or Revised Budget Non-Federal Totals (f-5)</p>	<p>Ensure that the Federal Total for 1st year, in Section D- Forecasted Needs equals the Section A, New or Revised Budget Federal Totals (e-5) amount.</p> <p>Ensure that the Non-Federal Total for 1st year equals the sum of Estimated Unobligated Funds Non-Federal Totals (d-5) and New or Revised Budget Non-Federal Totals (f-5) on Section A.</p>
<p>The Total for 1st Year TOTAL in Section D must equal the Totals I (Row 5, Column G) in Section A</p>	<p>Ensure that the Forecasted Cash Needs: 15. TOTAL equals to SECTION A – Budget Summary: line 5 Totals, Column (g).</p>
<p><u>SF424-A: Section E – Budget Estimates of Federal Funds Needed for Balance of The Project</u></p> <p>The number of budget years/periods must match the span of the project. The number of years in the project period in Block 17 on the SF-424 must align with the future funding periods.</p>	<p>Ensure that the project period years on the SF 424 block 17 matches the provided budget periods in the SF-424A. Enter data for the first budget period in Section D and enter future budget periods in Section E.</p>

## **Appendix C – Biographical Sketches and Position Descriptions**

Include position descriptions and biographical sketches for all project staff as supporting documentation to the application. The formatting requirements outlined in Appendix B are not applicable for these documents.

### **Biographical Sketch**

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Recent relevant publications

### **Position Description**

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Amount of travel and any other special conditions or requirements
7. Salary range
8. Hours per day or week



## Appendix D – Addressing Behavioral Health Disparities

SAMHSA expects recipients to submit a Behavioral Disparity Impact Statement (DIS) within 60 days of receiving the grant award. The DIS is a data-driven, quality improvement effort to ensure under-resourced populations are addressed in the grant. The DIS is built on the required GPRA data such that no additional data collection is required. It is expected that the DIS will be no more than two pages in length.

The DIS consists of three components:

- (1) Number of individuals to be served during the grant period and identify under-resourced population(s) (i.e., racial, ethnic, sexual, and gender minority groups) vulnerable to behavioral health disparities.
- (2) A quality improvement plan to address under-resourced population differences based on the GPRA data on access, use and outcomes of service activities.
- (3) Methods for the development of policies and procedures to ensure adherence to the [Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#).

As part of SAMHSA's DIS requirements, include the number of unduplicated individuals to be served by under-resourced populations in the grant implementation area provided in a table that covers the entire project period. The under-resourced population(s) should be identified in a narrative that includes a description of the population and a rationale for how the determination was made. Include demographic data and an environmental scan of the population(s) of focus. For data about your population(s) of focus, refer to <https://www.census.gov/about/partners/cic.html>. Indicate what the disparity(ies) is and how your services and activities will be monitored and implemented to close the gap(s). In addition, describe how you will evaluate and disseminate the findings to your stakeholders.

Examples of a DIS are available on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/disparity-impact-statement>.

### Definition of Health Disparities

Healthy People 2030 defines a health disparity as a “particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; disability; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

## **Social Determinants of Health (SDOH)**

SDOH are the conditions in the environment where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5 domains:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

For more information about SDOH Z codes and how SDOH are being used to narrow the health disparities gaps, see <https://www.cms.gov/files/document/zcodes-infographic.pdf>; <https://www.cms.gov/files/document/cms-omh-january2020-zcode-data-highlightpdf.pdf>; and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207437/pdf/18-095.pdf>

## **Definition of Health Equity**

Health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. Behavioral health equity is the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders.

## **Under-resourced Populations**

SAMHSA grant applicants are routinely asked to define the population they intend to serve given the focus of a particular grant program (e.g., adults with opioid use disorders at risk of overdose; adults with serious mental illness [SMI]; adolescents engaged in underage drinking; populations at risk for contracting HIV/AIDS, etc.). Within these populations of focus are *under-resourced populations* that may have unequal access to, use of, or outcomes from provided services. These disparities may be the result of differences in race, ethnicity, language, culture, and/or socioeconomic factors specific to that under-resourced population. For instance, Latino adults with opioid use disorder may be at heightened risk for overdoses due to lack of in-language prevention campaigns and treatment; African Americans with an SMI may more likely terminate treatment prematurely due to lack of providers with whom they can develop a therapeutic relationship; Native American youth may have an increased incidence of underage drinking due to coping patterns related to historical trauma; and African American women may be at greater risk for contracting HIV/AIDS due to lack of access to education on risky sexual behaviors in urban low-income communities, etc. While these factors might not be pervasive among the general population served by a recipient, they may be predominant among under-resourced populations or groups vulnerable to disparities. It is imperative that recipients understand who is being served,

who is under-resourced, and who is not being served within their community in order to provide outreach and care that will yield positive outcomes, per the focus of the grant. For organizations to attend to the potentially disparate impact of their grant efforts, recipients are asked to address access, use and outcomes, disaggregated by under-resourced populations. Under-resourced populations can be defined by the following factors:

- By race
- By ethnicity
- By gender (including transgender, non-binary and gender non-conforming populations)
- By sexual orientation (including lesbian, gay and bisexual populations)

Access refers to which populations/under-resourced populations are being served/reached by the grant program. Use refers to what interventions/services are received by the various populations. Outcomes refers to the outcome measures stipulated by the grant and examined across under-resourced populations.

### **Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)**

The ability to address the quality of care provided to under-resourced populations served within SAMHSA's grant programs is enhanced by programmatic alignment with the federal National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).

The CLAS Standards are comprised of 15 Standards that provide a blueprint for health and health care organizations to implement culturally and linguistically appropriate, respectful, and responsive services that will advance health equity, improve quality, and help eliminate health care disparities.

The CLAS Standards are grouped into a Principal Standard and three themes focused on

- 1) Governance and Leadership.
- 2) Communication and Language Assistance.
- 3) Engagement, Continuous Improvement and Accountability.

Widely embraced by States and health care systems, the National CLAS Standards are more recently being promoted in behavioral health care, which includes a Behavioral Health CLAS Implementation Guide at [https://www.minorityhealth.hhs.gov/Assets/PDF/clas%20standards%20doc\\_v06.28.21.pdf](https://www.minorityhealth.hhs.gov/Assets/PDF/clas%20standards%20doc_v06.28.21.pdf). You can learn more about the CLAS mandates, guidelines, and recommendations at: <http://www.ThinkCulturalHealth.hhs.gov>.

Guidelines for behavioral health implementation of the CLAS Standards can be found at <https://thinkculturalhealth.hhs.gov/clas>. This document addresses the importance of

improving access to behavioral health care, promoting quality behavioral health programs and practice, and ultimately reducing persistent disparities in mental health and substance use prevention, treatment, and recovery for under-resourced, minority populations and communities.

## Appendix E – Standard Funding Restrictions

HHS codified the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, 45 CFR Part 75. In Subpart E, cost principles are described and allowable and unallowable expenditures for HHS recipients are delineated. 45 CFR Part 75 is available at <https://ecfr.federalregister.gov/current/title-45/subtitle-A/subchapter-A/part-75>. Unless superseded by program statute or regulation, follow the cost principles in 45 CFR Part 75 and the standard funding restrictions below.

You may also reference the SAMHSA site for grantee guidelines on financial management requirements at <https://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements>.

SAMHSA grant funds may not be used to:

- SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 C.F.R. 75.300(a) (requiring HHS to ensure that Federal funding is expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).
- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags. (See 45 CFR 75.421(e)(3))
- Pay for the purchase or construction of any building or structure to house any part of the program. Minor alterations and renovations (A&R) may be authorized for up to 25% of a given budget period or \$150,000 (whichever is less) for existing facilities, if necessary and appropriate to the project. Minor A&R may not include a structural change (e.g., to the foundation, roof, floor, or exterior or loadbearing walls of a facility, or extension of an existing facility) to achieve the following: Increase the floor area; and/or, change the function and purpose of the facility. All minor A&R must be approved by SAMHSA.
- Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the NOFO (See <https://www.hhs.gov/grants/contracts/contract-policies-regulations/spending-on-food/index.html>)
- General Provisions under Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act Public Law 116-260, Consolidated Appropriations Act, 2022, Division H, Title V, Section 526, 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.

- **Salary Limitation:** The Consolidated Appropriations Act, 2022 (Public Law 116-260), Division H, Title II, Section 202, provides a salary rate limitation. The law limits the salary amount that may be awarded and charged to SAMHSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II, which is **\$203,700**. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a SAMHSA grant or cooperative agreement. Note that these or other salary limitations will apply in the following fiscal years, as required by law.

## **Appendix F – Administrative and National Policy Requirements**

If your application is funded, you must comply with all terms and conditions of the NoA. SAMHSA's standard terms and conditions are available on the SAMHSA website.

### **HHS Grants Policy Statement (GPS)**

If your application is funded, you are subject to the requirements of the HHS Grants Policy Statement (GPS) that are applicable based on recipient type and purpose of award. This includes any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/hhs-grants-policy-statement>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the NoA).

### **HHS Grant Regulations**

If your application is funded, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions. For more information see the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.

### **Additional Terms and Conditions**

Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:

- actions required to be in compliance with confidentiality and participant protection/human subjects requirements.
- requirements relating to additional data collection and reporting.
- requirements relating to participation in a cross-site evaluation.
- requirements to address problems identified in review of the application or revised budget and narrative justification.

### **Performance Goals and Objectives**

If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives

may result in suspension or termination (see [2 CFR 200.202](#), [2 CFR 200.301](#) and [2 CFR 200.329](#)) of the grant award, or in reduction or withholding of continuation awards.

### **Termination of Federal Award**

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340](#) - Termination apply to all federal awards effective August 13, 2020.

### **Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements**

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes ensuring programs are accessible to persons with limited English proficiency and persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals. See <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including reasonable modifications and making services accessible to them, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your program in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

### **Acknowledgement of Federal Funding**

As required by HHS appropriations acts, all HHS recipients must acknowledge Federal funding when issuing statements, press releases, publications, requests for proposal,



bid solicitations, and other documents, such as tool-kits, resource guides, websites, and presentations describing the projects or programs funded in whole or in part with HHS federal funds. The recipient must clearly state: 1) the percentage and dollar amount of the total costs of the program or project funded with federal money; and 2) the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

### **Supplement Not Supplant**

Grant funds may be used to supplement existing activities. Grant funds may not be used to supplant current funding of existing activities. "Supplant" is defined as replacing funding of a recipient's existing program with funds from a federal grant (2 CFR Part 200, Appendix XI).

### **Mandatory Disclosures**

A term may be added to the NoA which states: Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub-recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to SAMHSA at the following address:

SAMHSA  
Attention: Office of Financial Advisory Services  
5600 Fishers Lane  
Rockville, MD 20857

You may also submit a complaint via the [OIG Hotline online form](https://oig.hhs.gov/fraud/report-fraud/) (see <https://oig.hhs.gov/fraud/report-fraud/>), by phone (1-800-447-8477), or by mail to the following address:

U.S. Dept. of Health and Human Services  
Office of the Inspector General  
ATTN: OIG Hotline Operations  
P.O. Box 23489  
Washington, DC 20026

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance; including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321)."

## **System for Award Management (SAM) Reporting**

A term may be added to the NoA that states: “In accordance with the regulatory requirements provided at 45 CFR 75.113, 2 CFR 25, and Appendix XII to 45 CFR Part 75, recipients that have currently active federal grants and procurement contracts with cumulative total value greater than \$10,000,000, must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.”

## **Drug-Free Workplace**

A term may be added to the NoA that states: “You as the recipient must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of part 382, which adopts the Government-wide implementation (2 CFR part 182) of section 5152-5158 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701-707).”

## **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, 20 USC 6081 et seq., the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

## **Standards for Financial Management**

Recipients are required to meet the standards and requirements for financial management systems set forth in 45 CFR part 75 Subpart D. The financial systems must enable the recipient to maintain records that adequately identify the sources of funds for federally assisted activities and the purposes for which the award was used, including authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and any program income. The system must also enable the recipient to compare actual expenditures or outlays with the approved budget for the award.

SAMHSA funds must retain their award-specific identity – they may not be commingled with state funds or other federal funds. [“Commingling funds” typically means depositing or recording funds in a general account without the ability to identify each specific source of funds for any expenditure.]. Common mistakes related to comingling are outlined below:

- *Commingling of Cost Centers.* Every business activity constitutes a cost center. Examples of cost centers include: a federal grant, a state grant, a private grant, matching costs for a specific grant, a self-funded project, fundraising activities, membership activities, lines of business, unallowable costs, indirect costs, etc. Recipients must establish a unique account(s) in the accounting system to capture and accumulate expenditures of each cost center, apart from other cost centers.
- *Commingling of Cost Categories.* Recipients must avoid budget fluctuations that violate programmatic restrictions. They must also avoid applying indirect cost rates to prohibited cost categories, such as equipment, participant support costs and subcontracts/subawards in excess of \$25,000. As a result, recipients must establish unique object codes in the accounting system to capture and accumulate costs by budget category (i.e., salaries, fringe benefits, consultants, travel, participant support costs, subcontracts, etc.).
- *Commingling of Time Worked and Not Worked.* Recipients may not directly charge a grant for employees' time not spent working on the grant. Therefore, *Paid Time Off (PTO)*, such as vacation, holiday, sick and other paid leave, is not recoverable directly from grants, but rather must be allocated to all grants, projects, and cost centers over an entire cost accounting period through either an indirect cost or fringe benefit rate.
- *Unsupported Labor Costs.* To support charges for direct and indirect salaries and wages, recipients maintaining hourly timesheets must ensure that timesheets encompass all hours worked and not worked on a daily basis. The timesheet should identify the: (a) grant, project or cost center being worked on; (b) number of hours worked on each; (c) description of work performed; and (d) Paid Time Off (PTO) hours. The total hours recorded each day should coincide with an individual's employment status in accordance with established policy (i.e., full-time employees work 8 hours each day, etc.).
- *Inconsistent Treatment of Costs.* Recipients must treat costs consistently across all federal and non-federal grants, projects, and cost centers. For example, recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. Examples of indirect costs include administrative salaries, rent, accounting fees, utilities, etc. Additionally, in most cases, the cost to develop an accounting system adequate to justify direct charging of the aforementioned items outweighs the benefits. As a result, use of an indirect cost rate is the most effective mechanism to recover these costs and not violate federal financial requirements of consistency, allocability and allowability. See the appendix titled "*Sample Budget and Justification*," for additional indirect cost guidance.

## Trafficking in Persons

Awards issued by SAMHSA are subject to the requirements of [2 CFR part 175](#) and [22 USC 7104\(g\)](#). For the full text of the award term, go to

<http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.

NOTE: The signature of the AOR on the application serves as the required certification of compliance for your organization regarding the administrative and national policy requirements.

## **Publications**

Recipients are required to notify the Government Project Officer (GPO) of any materials based on the SAMHSA-funded grant project that are accepted for publication. In addition, SAMHSA requests that recipients:

- Provide the GPO with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
  - Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance use treatment/substance use prevention/mental health services community.

## **Prohibition on Certain Telecommunications and Video Surveillance Services or Equipment**

As described in [2 CFR 200.216](#), recipients and subrecipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- (1) Procure or obtain,
- (2) Extend or renew a contract to procure or obtain; or
- (3) Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
  - i. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

ii. Telecommunications or video surveillance services provided by such entities or using such equipment.

## Appendix G – Sample Budget and Justification

All applications must have a detailed budget justification and narrative that explains the federal and the non-federal expenditures broken out by the object class cost categories listed on SF-424A – Section B (Budget Category) for non-construction awards.

- The budget narrative must match the costs identified on the SF-424A form and the total costs on the SF-424.
- The Budget Narrative and justification must be consistent with and support the Project Narrative.
- The Budget Narrative and justification must be concrete and specific. It must provide a justification for the basis of each proposed cost in the budget and how that cost was calculated. Examples to consider when justifying the basis of your estimates can be ongoing activities, market rates, quotations received from vendors, or historical records. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.
- NOFOs invite applications for periods of performance of one to up to five years. Generally, awards, on a competitive basis, will be for a one-year budget period but the period of performance may be up to five years. Submission and SAMHSA approval of the progress report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds. Funding beyond the one-year budget period but within the multi-year period of performance is subject to availability of funds, satisfactory progress of the recipient, and a determination that continued funding would be in the best interest of the Federal Government. Progress will be evaluated by submission of data on required performance measures, satisfactory achievement of identified goals and objectives, providing services to the projected number of individuals specified in the application, and satisfactory resolution of barriers and challenges that arise in the implementation of the project.
- Refer to the program specific Funding Restrictions/Limitations and the Standard Funding Restrictions in the NOFO, as well as to 45 CFR Part 75 (<https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>), for applicable administrative requirements and cost principles.

### SAMHSA Budget Template

To expedite review of your application, it is highly recommended you use the following PDF budget template to complete the Detailed Budget and Narrative Justification for submission with your application:

- To locate the budget template [Click here SAMHSA Forms and Resources](#) – scroll down to “**SAMHSA Budget Template**” section. You **must** download the budget

template PDF to your computer first before opening it directly in Adobe Acrobat or Acrobat Reader (not your internet browser):

1. Right-click the link "**SAMHSA Budget Template (PDF)**"
2. Select "save link as" and save to a location on your computer
3. Go to the saved location and open the "SAMHSA Budget Template (PDF)" using Adobe Acrobat or Acrobat Reader.

## Guidance

The following documents provide guidance on using the budget template:

- [Key Features of the Budget Template](#)
- [Budget Template Users Guide](#)
- [Budget Review Checklist](#) – use this checklist to review your Detailed Budget and Narrative Justification before submission to SAMHSA.

**Note:** For SAMHSA to view all of your budget data, you must convert the PDF to a non-editable format by **PRINTING TO PDF** before submission.

## Sample Budgets

The following PDFs are samples of Detailed Budgets and Narrative Justification:

- [Sample Budget – NON-MATCH \(PDF | 697 KB\)](#)
- [Sample Budget – MATCH \(PDF | 729 KB\)](#)

## Completing the SF-424A (See [Section IV](#))

### Budget Cost Categories

Personnel Costs: Explain personnel costs by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$203,700. An individual's base salary, per se, is NOT constrained by the statutory provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to SAMHSA awards and cooperative agreements.

**Note:** If an organization is selected for an award and chooses to move forward with hiring an individual for a Key Personnel position before receiving SAMHSA's formal approval, this will be done at the organization's own risk. If SAMHSA's review of the Key Personnel request results in the proposed individual not being approved or deemed not qualified for the position, the expectation is that the organization must submit a qualified

candidate to be placed in the Key Personnel position. SAMHSA will not be liable for any costs incurred or pay for salaries of a Key Personnel that is not approved or deemed not qualified on the grant program.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Travel: List travel costs according to local and long-distance travel. For local travel, outline the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel. The budget should also reflect the travel expenses (e.g., airfare, lodging, parking, per diem, etc.) for each person and trip associated with participating in meetings and other proposed trainings or workshops. Name the traveler(s) if possible, describe the purpose of the travel, provide number of trips involved, the destinations, and the number of individuals for whom funds are requested.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years). For example, large items of medical equipment.

Supplies: List the items that the project will use to implement the proposed project. Items must be listed separately: office supplies (e.g., paper, pencils).

Per 45 CFR § 75.321, property will be classified as supplies if the acquisition cost is under \$5,000. Note that items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 equipment threshold.

Contractual/Subawards/Consortium/Consultant: Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables. You should provide the basis for your cost estimate for the contract. You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts/subawards. Recipients must notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number (see 2 CFR part 25). For consultant services, list the total costs for all consultant services. In the budget narrative, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

For subawards to entities that will help carry out the work of the award, you should describe how you will monitor their work to ensure the funds are being properly used.



Other: Include all costs that do not fit into any other category and provide an explanation of each cost in this category (e.g., provider licenses). In some cases, rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For some institutions, the term “facilities and administration” (F&A) is used to denote indirect costs. If your organization does not have an indirect cost rate, you may wish to obtain one through HHS’s Cost Allocation Services (CAS) (formerly the Division of Cost Allocation (DCA)). Visit CAS’s website to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them. **If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement.**

Any non-federal entity that has never received a negotiated indirect cost rate, (except a governmental department or agency unit that receives more than \$35 million in direct federal funding) may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all federal awards until such time as a non-federal entity chooses to negotiate for a rate, which the nonfederal entity may apply to do at any time.

## **Appendix H – History and Background of the Certified Community Behavioral Health Clinic (CCBHC) Demonstration Program**

On April 1, 2014, the Protecting Access to Medicare Act of 2014 (Public Law 113–93) was enacted. The law included “Demonstration Programs to Improve Community Mental Health Services” at Section 223 of the Act. The program required: (1) the establishment and publication of criteria for clinics to be certified by a state as a certified community behavioral health clinic (CCBHC) to participate in a demonstration program; (2) the issuance of guidance on the development of a Prospective Payment System (PPS) for testing during the demonstration program; and (3) the awarding of planning grants for the purpose of developing proposals to participate in a time-limited demonstration program.

In December 2016, HHS announced the selection of eight states for the CCBHC Demonstration Program: Minnesota, Missouri, New York, New Jersey, Nevada, Oklahoma, Oregon, and Pennsylvania. These states received enhanced federal match for specific behavioral health services over a period of two years. CCBHC Demonstration programs in selected states began between April and July 2017. The length (and corresponding end date) of the CCBHC Demonstration period has been extended through enacted legislation several times since 2019<sup>6</sup>.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act, or the CARES Act (P.L. 116-136) was signed into law, which mandated the selection of two additional states to participate in the CCBHC Demonstration. On August 5, 2020, CMS and SAMHSA announced the selection of Michigan and Kentucky as the two additional states to participate in the CCBHC Demonstration.

On June 25, 2022, the Bipartisan Safer Communities Act (Public Law 117-159) authorized the expansion of the CCBHC Demonstration. Specifically, the legislation mandates the award of additional planning grants to States not already selected to participate in the CCBHC Demonstration. Beginning July 1, 2024, and every 2 years thereafter, 10 states that have completed planning grants and submitted successful applications to participate in the CCBHC Demonstration will be eligible to join the program for a four-year period. The Act also extended the demonstration period for existing CCBHC Demonstration States through September 30, 2025.

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<sup>6</sup> <https://www.cms.gov/files/document/fy2023-cms-congressional-justification-estimates-appropriations-committees.pdf>

## **Appendix I – States and Districts Eligible to Apply**

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Connecticut  
Delaware  
District of Columbia  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Louisiana  
Maine  
Maryland  
Massachusetts  
Mississippi  
Montana  
Nebraska  
New Hampshire  
New Mexico  
North Carolina  
North Dakota  
Ohio  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming