

Frequently Asked Questions for Notice of Funding Opportunity 3/14/2024

Application Process:

Q. How can providers access the Notice of Funding Opportunity (NOFO)?

A. The Notice of Funding Opportunity can be accessed at the following link: [HFS COVID-19 Grants Portal](#)

To submit a proposal, interested applicants must first send a Notice of Interest email to HFS.BBH@illinois.gov that includes the name of a contact person, the organization's name, contact person's email and phone number. The contact person identified in the email should be the point of contact for your application and access to the COVID-19 Grants Portal.

Q. How do we obtain the actual application that needs to be submitted through the portal?

There is no specific application. Applicants must submit the following items:

1. The Uniform Grant Application;
2. A written proposal that addresses how the applicant plans to meet the eligibility requirements no more than 15 pages in length (not inclusive of attachments);
3. Requested attachments for the initiative for which you are applying.

Please see **Section D. Application and Submission Information** of the Notice of Funding Opportunity (NOFO) for specific requirements.

Q. Can more than one contact person be included on the Notice of Interest email?

A. Yes.

Q. How long will it take to receive a response once a Notice of Interest email has been sent?

A. Responses to Notice of Intent emails will be provided within three (3) business days of the email. The response will come via email from Ernst and Young with information on how to access the COVID-19 Grants Portal.

Q. What happens if more applications are received than the available funds?

A. If more applications are received than available funds, grants will be awarded to the highest scoring applicants within each initiative, taking into consideration the geographic distribution of proposed service locations indicated in the application, until available funds are exhausted.

HFS reserves the right to award amounts less than the amounts requested in the proposal.

Q. If the amount we are awarded is less than the amount we applied for and not sufficient to cover the costs, are we obligated to follow through in any way?

A. No, you may decline the award.

Q. In the Notice of Intent, should we specify the types of services that we plan to provide?

A. No, this is not required. The Notice of Intent only requires the following: Name of the point(s) of contact, email address of the point of contact, phone number for the point of contact, and organization name.

Q. Are letters of support required in the application process? If not, are they a beneficial addition to the application?

A. No. Letters of support are not required and will not be considered.

Q. How will we know that our expression of interest has been accepted?

A. The indicated point person(s) will be contacted within three (3) business days by Ernst & Young who will grant access to the COVID-19 portal. If the point person(s) have not received an email invitation to the COVID-19 portal within that timeframe, please send a follow-up email to HFS.BBH@illinois.gov.

Q. Will the Uniform Grant Application Template and the Uniform Budget Template be utilized when responding to this NOFO? Would two separate budgets need to be created by splitting the fiscal years (FY24 and FY25) or would one suffice?

The Uniform Grant Application Template and the Uniform Budget Template will be utilized for this NOFO. The budget is not required to be split across fiscal years but can be, if preferable for your agency.

General Application Questions:

Q. Do providers have the option to choose which counties are served, or do providers have to serve the entire Designated Service Area?

A. Applicants are not required to serve entire DSAs but must indicate their intended service area.

Q. Can a provider apply for both initiatives concurrently, such as establishing a new BHC site and also planning to provide team-based services at an existing location?

A. Applicants may submit a single application for the NOFO that encompasses both Initiatives. When submitting an application, the applicant must indicate which Initiative(s) the application is for. Applicants may also submit separate applications, one for each initiative. However, each initiative has different eligibility requirements, and applicants should review the requirements for each initiative closely to ensure they meet criteria.

Q. Is there a penalty or requirement to repay funds if the initiative cannot continue for the full 36 months?

A. The NOFO states that the applicant agrees to maintain new service operations for a period of 36 months after receiving the notification of the grant award. Funds will be recouped if operations cease prior to the 36-month timeframe.

Q. How long is the implementation period?

A. The implementation period starts at the completion date of the grant agreement, and funds must be expended before March 31, 2025.

Q. Does this program require all funds to be expended by March 2025?

A. Yes. Funds must be expended by March 31, 2025.

Q. Where can more specific information or descriptions be found on the programs for Initiative 2, specifically Community Support Team?

A. For detailed information or descriptions on the services included in Initiative 2, please reference [Rule 140.453](#), [Rule 140.Table N](#), [Rule 141](#), as well as the [CBS Handbook](#).

Q. If a new BHC is selected under Option 1 without prior Medicaid experience or a history of submitting claims to HFS or MCOs, which could result in at least a 15 point loss in the scoring matrix, can this loss be waived if the strategy includes consultation with experts who possess the necessary experience?

A. Initiative 1 applicants who wish to establish new BHCs or CMHCs. Loss of points on the scoring matrix due to lack of prior Medicaid experience or history of submitting claims could potentially be mitigated by demonstrating competency or strategies to address these areas, such as involving a consultant with the necessary experience.

Q. If establishing a new site, is there a deadline when the services must start (considering the time needed for IMPACT approval and other site/program approvals)?

A. All required provider and/or program approvals for the new BHC or CMHC site must be completed within eight (8) months of receiving the grant award. There is no specified timeframe for when service delivery must begin.

Q. We will like to apply for both Initiatives. Do I need two separate proposal for both Initiatives?

A. A single proposal can be submitted for both initiatives, or separate proposals may be submitted.

Q. If our location is not current Medicaid approved, are we eligible?

A. Yes, the location would be eligible for Initiative 1.

Q. Is it possible for a Behavioral Health Clinic (BHC) to operate as a for-profit entity?

A. Yes

Q. Can an organization that operates a CMHC at other locations apply to open a new site through the first funding option?

A. Yes.

Q. If we're applying under option 2, do we lose points unless we commit to doing both a team-based service and Pathways?

A. The point structure is intended to incentivize providers to include team-based and Pathways to Success services in their proposals. Points are awarded up to the maximum amount, but there is no minimum point threshold for awards. HFS will consider all applicants equally, and awards will be provided to the highest cumulative point totals. Providers who commit to doing team-based services or Pathways to Success services may be awarded more points.

Q. Given the conflict-free case management requirements that HFS must follow, can Care Coordination and Support Organizations (CCSOs) apply for Pathways to Success Services? Would we be unable to receive the 25 points for Pathways services if CCSOs can't apply for those services?

A. CCSOs interested in applying to deliver Pathways to Success services and applying to do so under this funding opportunity must receive a conflict-of-interest waiver from HFS prior to delivering Pathways to Success services. Awards of funds under this opportunity do not constitute a waiver of conflict-of-interest requirements.

Q. Are there any restrictions on the type of entity that can apply for funding to establish a community behavioral health clinic?

A. No. Applicants submitting for Initiative 1 must be able to meet all requirements to establish a BHC or CMHC, in accordance with [Rule 140](#) or [Rule 132](#).

Q. We currently provide Applied Behavioral Services to individuals under 20 years old with Autism within our BHC. Can the grant allow us to expand this service to individuals without an Autism diagnosis who are under 20 years old?

A. Adaptive Behavioral Services must be provided in accordance with [Rule 140](#). Nothing in this NOFO changes the service requirements found in [Rule 140](#) for any services.

Q. Can BHC staff access training through PATH?

A. Yes.

Q. Under the Pathways to Success program, are we required to provide every service or can we offer only some services such as therapeutic mentoring and respite?

A. Applicants who wish to offer Pathways to Success services may offer any of the Pathways to Success services. It is not required for an applicant to offer all Pathways to Success services.

Q. Can a CMHC provide Applied Behavioral services along with other mental health services?

A. At this time Adaptive Behavioral Services (ABS) may only be delivered by BHCs.

Q. Will these grants be available again next year or is this a one-time pool of funds?

A. This is a one-time funding opportunity.

Q. Where can I find information on the staffing requirements?

A. Staffing requirements vary by the type of provider (BHC or CMHC) and services indicated. Please review [Rule 140](#), [Rule 132](#) and [Rule 141](#) for specific staffing requirements.

Q. If we were to put in for St. Clair count, but have practitioners around the state that can serve the southern region of Illinois- would we only include the St. Clair county? or all the counties we could serve outside of a brick and mortar in the community?

A. Please include both the location of the physical site, and the surrounding communities that would be served.

Q. Under Option 2, can the focus of the services be aimed at adult populations?

A. Neither initiative is targeted toward specific populations or age groups. Applicants may determine which services they wish to provide.

Q. In this context of this NOFO, what constitutes a "new service"? For example, if we plan to expand an existing ACT program, would that count as a new service?

A. Expanding access to intensive and team-based services, such as Assertive Community Treatment, is allowable and would include expanding existing teams.

Q. If an IMPACT enrollment has been started but the site review and application approval are not completed, should the process be paused or continued?

A. HFS cannot advise whether a provider should or should not pause or continue a pending IMPACT enrollment. Initiative 1 would be appropriate if the IMPACT application has not been approved. Initiative 2 would be appropriate if the IMPACT application has been approved.

Q. Are providers required to serve populations beyond their usual clients, such as children or forensically involved adults?

A. There is no requirement for applicants to expand the population they serve to apply for the NOFO, unless that population is specifically identified as a target population in [Rule 140.Table N](#) for any of the services identified in the NOFO application.

Q. What technical assistance will be available?

A. Providers will be able to access technical assistance through the [Medicaid Technical Assistance Center \(MTAC\) \(illinois.gov\)](#).

Q. Is it true that a CMHC can't provide applied behavioral services?

A. Yes.

Q. Can we apply for separate awards under Initiative 2, for example, one for ACT and one for CST?

A. Only a single application per Initiative will be accepted. However, multiple services can be included in one application.

Q. Can providers under Initiative 2 apply to serve a specific population, like clients dual-diagnosed with mental illness and developmental disabilities, or focus on the homeless population?

A. Initiative 2 focuses on the types of allowable services that applicants can offer, not the specific population that will receive those services. Regardless of the population of focus, the provider must indicate what allowable services under Initiative 2 they wish to offer. Applicants should review [Rule 140.Table N](#) to identify if the services they intend to offer, such as Community Support Team or Assertive Community Treatment, have specific target population profiles required as part of the service delivery model.

Q. If an existing provider would like to open a new space, is it necessary to have the space identified prior to the application due date?

A. No, a specific location/address does not need to be identified on the application. However, the provider must be as specific as possible in the application regarding where they anticipate the new location will be (city, zip code, neighborhood, etc.).

Q. While specific 1115 waiver services don't appear to be included in the service description in the NOFO, should a provider planning to provide medical respite hold off until more guidance on the waiver rollout is released?

A. The services included in the 1115 Waiver are not part of this NOFO.

Q. If proposing to offer Pathway services, how should these services be registered or communicated to CCSO's?

A. Applicants who wish to offer Intensive Home-based, Family Peer Support, Therapeutic Mentoring and/or Respite under the Pathways to Success program will need to submit a modification to their IMPACT enrollment to add the specialty Home and Community-based Services/subspecialty of Intensive Home-Based or Children's Services. This does not need to be done prior to submitting an application for the NOFO. Once enrolled and approved, the Department will be happy to facilitate a connection between the CCSO and the Pathways to Success service provider.

Q. What is the process for becoming a Pathways to Success provider?

A. Applicants who want to offer Intensive Home-based, Family Peer Support, Therapeutic Mentoring and/or Respite under the Pathways to Success program should indicate these services on their NOFO response. If awarded funding through this opportunity, they should submit a modification to their IMPACT enrollment to add the specialty Home and Community-based Services/subspecialty of Intensive Home-Based or Children's Services. IMPACT modifications do not need to be completed prior to submitting an application for the NOFO.

Q. Is it possible to bill for eligible services even if some clients receive the same services for free under existing grant programs?

A. If services are intended to be provided to Medicaid eligible individuals and submitted for reimbursement to the Department or a Managed Care Plan, that would be appropriate under this NOFO.

Q. In this context, does "site" represent a physical location or specific programming such as BHC vs CMHC?

A. Site refers to the specific physical location and address identified on the provider's IMPACT enrollment. BHC and CMHC certifications are tied to the location of the provider, and a provider may not be dually enrolled as a BHC and CMHC at the same physical location.

Q. What does "financially sound and long-term viability" refer to in the context of this NOFO?

A. Financial soundness and long-term financial viability refers to the economic health and sustainability of the organization applying for the grant. It might incorporate factors such as available funding, financial stability, planning, and management.

Q. Page 2 - Section A - Paragraph #3. "This NOFO is targeted toward providers who are interested in one or more of the following opportunities: 1) opening new Behavioral Health Clinic (BHC) or new Community Mental Health Center (CMHC) sites in underserved areas of the state (see attachment X); and 2) existing CMHC or BHC sites who want to expand the Medicaid Community-Based Behavioral Services (CBS) they offer, with an emphasis on expanding access to intensive and team-based services such as Assertive Community Treatment (ACT), Community Support Team (CST), Violence Prevention Community Support Team (VP-CST), and the community-based services under the Pathways to Success program (limited to Respite, Therapeutic Mentoring, Family Peer Support, and Intensive Home-Based)." Based on how the above is written in Section A, it reads as the ACT, CST, VP-CST, and Pathways to Success service requirement aspects only apply to applications for Initiative #2 -- however, in Section E, Pg. 10-11 (Initiative #1 Scoring Rubric) the ACT, CST, VP-CST, and Pathways to Success services are listed for scoring therefore coming off as being de facto required for Initiative #1. Can you please let me know what services are required for an Initiative #1 application? Additionally, do all required services need to be provided by the applicant organization or can they be provided through linkage/MOU agreements with other service providers?

A. Providers are not required to include ACT, CST, VP-CST and Pathways to Success services as part of their proposal. The point structure is intended to incentivize providers to include team-based and Pathways to Success services in their proposals. Points are awarded up to the maximum amount, but

there is no minimum point threshold for awards. HFS will consider all applicants equally, and awards will be provided to the highest cumulative point totals. Providers who commit to doing team-based services or Pathways to Success services may be awarded more points.

All services included in the proposal must be delivered by the agency submitting the application and may not be delivered by another provider through linkage/MOU agreements with other service providers. The only exception to this is for an agency submitting an application to become a CCSO in an uncovered DSA who will partner with another agency to deliver Mobile Crisis Response services.

Q. What factors determine required training for this program?

Required training is determined by the services the provider intends to deliver. Certain services, such as the Pathways to Success Services, have HFS required trainings prior to staff being allowed to deliver the services. If agencies require additional clinical or general employee trainings, those would also be covered under this NOFO.

Q. For FQHCs, does their Medicaid reimbursement status change if they adopt one of the two models outlined in the NOFO?

A. Nothing in this agreement changes the reimbursement structure for FQHCs. An FQHC who intends to set up and enroll a BHC or CMHC may apply for Initiative 1. An FQHC that does not have an existing BHC or CMHC site enrolled in IMPACT would not be eligible for Initiative 2.

Health Professional Shortage Area

Q. I have been looking at the possibility of expanding mental health services through establishment of a Behavioral Health Clinic coinciding with our office moving to a new location. However, if I am reading the information correctly on the HRSA health professional shortage website, it does not appear that Coles County, Illinois falls within a shortage area for either population or geographics, which I assume would render us ineligible to apply for any funding available?

A. Applicants who are not in a HPSA are still eligible to apply, but may not be awarded the 35 points for being located within a HPSA Designated area.

Q. I was wondering if we would be eligible to apply if we are not located in an HPSA, but many clients we serve come from HSPAs? For context, we are located in West Town but serve individuals from 85% of Chicago zip codes.

A. You are still eligible to apply, as the target population of your services is in a HPSA. Please include and make clear in your proposal that the majority of the population served comes from HPSAs.

Q. If we are not a current CMHC, does the State of Illinois limit the number of CMHCs that can be in a particular Health Professional Shortage Area (HPSA)?

A. No, HFS does not limit the number of CMHCs within a HPSA.

Q. Section A references Attachment X as resources to identify underserved areas of the state. Where can we find Attachment X?

A. Unfortunately, this is a typo. HFS will be utilizing the Health Resource & Service Administration (HRSA) definition of a Health Professional Shortage Area (HPSA). The Department will be utilizing areas designated as a geographic or population HPSAs for mental health services. The Health Professional Shortage Area (HPSA) Finder Tool can be accessed on the website using the following link:

<https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

Q. Are there specific communities that are being targeted for both initiatives?

A. The NOFO is focused on expanding access to Medicaid funded behavioral health services in underserved areas of the state. To do so, HFS will be utilizing the Health Resource & Service Administration (HRSA) definition of a Health Professional Shortage Area (HPSA). The Department will be utilizing areas designated as a geographic or population HPSAs for mental health services. The Health Professional Shortage Area (HPSA) Finder Tool can be accessed on the website using the following link:

<https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

Q. Can you provide guidance on locating the HPSA tool and checking underserved areas?

A. The Health Professional Shortage Area (HPSA) Finder Tool can be accessed on the Health Resource & Service Administration (HRSA) website using the following link: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>. The Department will be utilizing areas designated as a geographic or population HPSAs for mental health services.

Q. According to the HPSA designation tool, what score is considered "low"?

A. The Department is only looking for if an area is “designated” as an HPSA and will not be utilizing the HPSA score.

Q. Should an organization already be registered as a HPFA provider prior to applying, or is this specific to the provider's operations within a HPFA-identified area?

A. Organizations do not need to be registered as an HPFA provider prior to applying. The Department will be utilizing areas designated as a geographic or population HPSAs for mental health services by HRSA, utilizing the HPSA Finder Tool. The HPSA Finder Tool can be accessed on the HRSA website using the following link: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.

Applicant Eligibility and Qualifying for Initiatives

Q. If a provider is IMPACT-enrolled but not yet approved as a BHC or CMHC, where does it fit within this funding opportunity?

A. For a provider who already has IMPACT enrollment but not as a BHC or CMHC, or that has a pending BHC or CMHC application, they would likely apply under Initiative 1. Initiative 2 requires an active BHC or CMHC certification at time of application.

Q. If a provider's IMPACT enrollment application is in process but yet to receive certification, would they qualify under Initiative One?

A. If a provider's enrollment in IMPACT is accepted but awaiting certification approval, it would still qualify as Initiative 1 as they're in the process of establishing new BHC or CMHC.

Q. Which category should an organization apply under if it's an existing CMHC without any IMPACT enrollments and seeking funds for the existing site, not a new one?

A. Providers with an existing IMPACT enrollment for a CMHC or BHC and are looking to provide services at the existing site should apply for initiative 2. If a provider does not have an existing IMPACT enrollment, Initiative 1 is the most appropriate.

Q. If a current BHC is not providing ABS, would adding ABS align with the goals of Initiative 2?

A. Yes.

Q. For Initiative 1, does an agency need to have CMHC status at the time of application?

A. Initiative 1 is for providers who do not have an existing CMHC or BHC enrollment in the IMPACT system. If an agency has an existing BHC or CMHC enrollment, Initiative 2 would be most appropriate.

Q. Could bringing on a new provider for a current location be considered an expansion of services for either Initiative 1 or 2?

A. Adding new staff (providers) at a current location would be appropriate under Initiative 2 if the staff will be offering additional services or expanding access to intensive or team-based services. The applicant must specify as part of their proposal which service(s) would be added or expanded upon.

Q. If a provider is not currently providing Psychiatric/Medication services, would they be able to apply under either Initiative 1 or 2 to add these services?

A. An existing CMHC or BHC provider seeking to expand the Community-based Behavioral Health Services should apply under initiative 2.

Q. Regarding Option 2, does "expansion" refer to increasing capacity within an existing team, developing completely new teams, or both?

A. "Expansion" for the purposes of the NOFO means adding new lines of service or expanding access to existing services, such as through new teams for team-based services. The provider must be able to outline how their plan will increase access for Medicaid customers to intensive or team-based services.

Q. Is there a specific type of accreditation required for an agency to be eligible for funding?

A. There is no specific requirement under this NOFO for accreditation. However, applicants must comply with any accreditation requirements related to CMHC certification or BHC approval.

Q. Can an expansion to provide Mobile Crisis Response be permitted under an existing CMHC?

A. Yes, expanding the ability to provide Mobile Crisis Response would be appropriate under Initiative 2.

Q. Does the change in reimbursement only apply to behavioral health services or does it impact all provided services?

A. This NOFO is specific to Community-based Behavioral Services and Pathways to Success Services that are provided by CMHCs and BHCs. There is no change in reimbursement model.

Q. We are in the BHC process and do have an NPI for the BHC, does this make us initiative 2?

A. Initiative 1 would be appropriate for agencies that do not yet have an IMPACT enrollment approved. Initiative 2 would be appropriate for agencies that do have an approved IMPACT enrollment.

Q. Can existing providers apply under the first initiative to expand their services and buy a new site?

A. Yes, if the intent is to enroll a new site in the IMPACT system. If the purpose is to expand services at the existing site, it would be appropriate to apply under Initiative 2.

Q. Can a consortium of agencies proposing to develop a paraprofessional workforce submit an application?

A. These funds are to be utilized to establish or expand services provided by CMHCs and BHCs. While many services can be provided by paraprofessionals, the agency must be prepared to offer behavioral health services.

Q. We are a newly established CMHC and started an ACT team last year. Are we still eligible for initiative one, or should we apply under initiative two?

A. If your CMHC opened before the release of the NOFO, you will apply under Initiative 2.

Q. As an established CMHC, can we apply for both funding opportunities?

A. Yes, if the intent is to enroll a new site in the IMPACT system. If the purpose is to only expand services at the existing site, it would be appropriate to apply under Initiative 2.

Q. Are organizations able to apply for funding under both initiatives for different growth or program areas?

A. Yes.

Q. If our CMHC opens in May, would it be considered as an existing CMHC under Initiative 2?

A. If you do not have an approved IMPACT enrollment by the date of your NOFO application, HFS would consider that a new provider under Initiative 1. If you have an approved IMPACT enrollment by the date you submit your application, you would be considered an existing provider under Initiative 2.

Q. Can we utilize initiative 2 to expand services in a current location or for expanding a Community Support Team (CST) from one location to another?

A. Yes.

Q. Could we use the funds to transition from a CMHC to a BHC in order to provide new or different services?

A. Yes. Transitioning from a CMHC to a BHC would require a new IMPACT enrollment and would be eligible under Initiative 1.

Q. Can an organization applying for initiative 2 also be the CCSO in that area or can an organization applying for CST also be the CCSO?

A. Yes. However, CCSOs interested in applying to deliver Pathways to Success services and applying to do so under this funding opportunity must receive a conflict-of-interest waiver from HFS prior to delivering Pathways to Success services. Awards of funds under this opportunity do not constitute a waiver of conflict-of-interest requirements.

Q. Can we use the funding to register as a Medicaid site if we are currently not one?

A. Yes, you would apply under Initiative 1.

Q. We received approval from IMPACT on 12/27/2023, but no services have been provided through the BHC yet. Would we still qualify under Initiative 1 or do we need to apply under Initiative 2?

A. You would be eligible for Initiative 2.

Q. If we have applied for a new site National Provider Identifier (NPI), but it has not yet been approved, can we still apply for initiative 1?

A. Yes.

Q. If a provider is considering adding two new BHC sites, can it submit two separate applications for initiative 1?

A. No, only one application per Initiative will be accepted. You may include adding two sites as a component for a single proposal.

Q. Under initiative 2, is there a definition you all are using for "Intensive or Team Based Services." I see on the NOFO it refers to ACT, CST, VP-CST, etc. But there it also says that the services are not limited to those. We are considering applying for our family program that provides wrap around services including permanent supportive housing, therapy, case management, and employment services. Do you think this would fit the criteria you are looking for? Any clarification would be greatly appreciated.

A. These services may be considered intensive, however HFS would need to understand the specifics of the structure of your model. Additionally, you will need to ensure the services you deliver fits the definitions included in [Rule 140.453](#), [Rule 140.Table N](#), and the [Community-based Behavioral Services Handbook](#).

Use of Funds

Q. Can the funds be used for capital expenditures, such as purchasing a building, office furniture, and technology equipment?

A. Capital expenditures up to \$4,500 per item are allowable expenses. Capital expenditures that exceed \$4,500 per item will not be allowed.

The leasing and acquisition of land or property such as buildings is not permitted under this program.

Q. What are the parameters for "establishing or refurbishing an office" mentioned in the NOFO?

A. Allowable costs for establishing or refurbishing an office space may include one-time costs such the purchasing of office furniture and technology for staff, and light cosmetic upgrades or repairs such as paint or carpet.

The purchasing of office furniture and technology is considered a capital expense, and is subject to a \$4,500 per item limit.

Q. Can we use the grant funds to pay the salary of the staff member who directs and provides behavioral health services at an existing CMHC?

A. Yes, but you will need to clearly identify the services that the staff member is offering and demonstrate how paying the salary of the existing staff member expands access to those services for Medicaid customers.

Q. If funds go towards refurbishing a building, does the building have to be used only for the BHC, or can it be used to house other programs?

A. It can be used to house other programs.

Q. Can we use the grant to upgrade our digital case management/billing system?

A. You may include this in your proposed budget under "other costs" to be reviewed by HFS. HFS reserves the right to deny any requests submitted in the "other costs" category.

Q. Can the startup funds be used to cover staff costs until we have enough clients to cover costs via Medicaid Fee-For-Service (FFS)?

A. Yes. Funds can be used to support staffing costs until such time as the costs are supported by service rate reimbursement.

Q. How much should a new provider budget for billing systems?

A. HFS cannot advise on how much a provider should budget for expenses. Your agency should do independent market research and create a budget based on the unique needs and goals of your organization.

Q. If the funds need to be spent before March 2025, does that mean our proposed budget needs to be for a partial year? When does the award year start?

A. The budget may need to be for a partial year, depending on the fiscal year of your agency. The award year start date will be determined by your grant agreement with the Department but will not be earlier than May 1, 2024.

Q. Will these grant funds be reimbursed separately from billing we do under Medicaid?

A. Yes, these funds will be reimbursed through a grant agreement which will have specific reporting requirements, and will be separate from any other reimbursement.

Q. Can we utilize grant funds to obtain accreditation from entities such as the Bureau of Accreditation, Licensure, and Certification (BALC)?

A. No, these funds cannot be used to obtain or meet accreditation requirements, except as part of the outlined allowable costs included in the NOFO.

Q. Do "staffing costs" in the NOFO include salaries?

A. Yes, salaries would be included in staffing costs.

Q. Are indirect costs allowable?

A. Indirect Costs are allowed.

Q. If a provider wants to secure funding to develop a compliance program, would that be acceptable and considered as eligible cost?

A. No.

Q. Are funds allocated for making offices accessible considered allowable expenses?

A. Upgrades for accessibility that are allowable would include changing of doorknobs to ADA compliant knobs, addition of ADA compliant door openers, or addition of grab bars in restrooms. Additional upgrades may be allowable. Proposed upgrades will need to be identified as part of the proposed budget.