



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Sorsha Anderson, Senior Staff Associate  
Date: May 26, 2023  
Subject: Expedited Review Request – JFO #3150

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration. *The Agency of Human Services, Department of Mental Health has requested an expedited review of JFO #3150. Please respond by Thursday, June 1, 2023.*

**JFO #3150** - \$1,000,000.00 to the Agency of Human Services, Department of Mental Health from the United States Department of Health and Human Services. Funds will be used for the Cooperative Agreements for Certified Community Behavioral Health Clinic (CCBHC) Planning Grants. Funds will be used to develop/implement a CCBHC certification process, establish Prospective Payment Systems for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC demonstration program. The grant period is 3/31/23 to 3/30/24.

*[Expedited Review Request Approved May 25, 2023]*

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Members will be polled on Thursday, June 1, 2023, if they have not responded before then.

## STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
<b>1. Agency:</b>	Agency of Human Services			
<b>2. Department:</b>	Department of Mental Health			
<b>3. Program:</b>	Administrative Mental Health			
<b>4. Legal Title of Grant:</b>	Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants			
<b>5. Federal Catalog #:</b>	93.829			
<b>6. Grant/Donor Name and Address:</b>				
Department of Health and Human Services, 200 Independence Ave, SW, Washington, DC 20201				
<b>7. Grant Period:</b>	<b>From:</b>	3/31/2023	<b>To:</b>	3/30/2024
<b>8. Purpose of Grant:</b>				
This funding opportunity will assist in the area of including, but not limited to, the development of a CCBHC certification process for the Designated Agency's, implementation steps, and assistance to complete demonstration application. The State will contract with one or more vendor(s) using this funding.				
<b>9. Impact on existing program if grant is not Accepted:</b>				
If the grant is not accepted, Vermont would miss a opportunity to assist in the development of the Designated Agency's CCBHC certification process.				
10. BUDGET INFORMATION				
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Comments</b>
	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY</b>	
<b>Expenditures:</b>				
Personal Services	\$333,333	\$666,667	\$	
Operating Expenses	\$	\$	\$	
Grants	\$	\$	\$	
<b>Total</b>	\$333,333	\$666,667	\$	
<b>Revenues:</b>				
State Funds:				
Cash	\$	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:				
(Direct Costs)	\$333,333	\$666,667	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:				
Grant (source )	\$	\$	\$	
<b>Total</b>	\$333,333	\$666,667	\$	
<b>Appropriation No:</b>	3150070000	<b>Amount:</b>	\$333,333	
			\$	
			\$	
			\$	
			\$	
			\$	

## STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)

	<b>Total</b>	\$ 333,333
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**PERSONAL SERVICE INFORMATION**

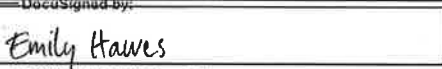
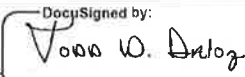
**11. Will monies from this grant be used to fund one or more Personal Service Contracts?**  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: \_\_\_\_\_ Agreed by: \_\_\_\_\_ (initial)

12. Limited Service Position Information:	# Positions	Title
<b>Total Positions</b>		

**12a. Equipment and space for these positions:**  Is presently available.  Can be obtained with available funds.

**13. AUTHORIZATION AGENCY/DEPARTMENT**

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: 	Date: 3/1/2023
	Title: Commissioner, Department of Mental Health	
	Signature: 	Date: 4/3/2023
	Title: AHS Deputy Secretary	

**14. SECRETARY OF ADMINISTRATION**

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) 	Date: 4/25/2023
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**15. ACTION BY GOVERNOR**

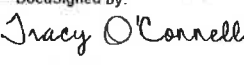
<input checked="" type="checkbox"/>	Check One Box: Accepted	
<input type="checkbox"/>	Rejected	Date: 5/16/23

**16. DOCUMENTATION REQUIRED**

Required GRANT Documentation	
<input checked="" type="checkbox"/> Request Memo <input type="checkbox"/> Dept. project approval (if applicable) <input checked="" type="checkbox"/> Notice of Award <input type="checkbox"/> Grant Agreement <input checked="" type="checkbox"/> Grant Budget	<input type="checkbox"/> Notice of Donation (if any) <input type="checkbox"/> Grant (Project) Timeline (if applicable) <input type="checkbox"/> Request for Extension (if applicable) <input type="checkbox"/> Form AA-1PN attached (if applicable)

**End Form AA-1**

(\*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

DocuSigned by:  
  
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4/3/2023

**State of Vermont**

Department of Finance & Management  
109 State Street, Pavilion Building  
Montpelier, VT 05620-0401

[phone] 802-828-2376  
[fax] 802-828-2428

Agency of Administration

**STATE OF VERMONT  
FINANCE & MANAGEMENT GRANT REVIEW FORM**

<b>Grant Summary:</b>						DMH has received \$1M in Cooperative Agreements for Certified Community Behavioral Health Clinic (CCBHC) Planning Grants. Funds will be used to develop/implement a CCBHC certification process, establish Prospective Payment Systems for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC demonstration program.								
<b>Date:</b>						4/19/2023								
<b>Department:</b>						Department of Mental Health								
<b>Legal Title of Grant:</b>						Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants								
<b>Federal Catalog #:</b>						93.829								
<b>Grant/Donor Name and Address:</b>						Department of Health and Human Services 200 Independence Ave SW / Washington DC 20201								
<b>Grant Period:</b>			<b>From:</b>			3/31/2023			<b>To:</b>			3/30/2024		
<b>Grant/Donation</b>						\$1,000,000								
		<b>SFY 1</b>		<b>SFY 2</b>		<b>SFY 3</b>		<b>Total</b>		<b>Comments</b>				
<b>Grant Amount:</b>		\$333,333		\$666,667		\$		\$1,000,000						
<b>Position Information:</b>			<b># Positions</b>			<b>Explanation/Comments</b>								
			0											
<b>Additional Comments:</b>														
<b>Department of Finance &amp; Management</b>						Adam Greshin		Digitally signed by Adam Greshin Date: 2023.04.21 09:09:00 DocuSigned by:		(Initial)				
<b>Secretary of Administration</b>						Douglas Farnham		41948B1C0A36415...						
<b>Sent To Joint Fiscal Office</b>										<b>Date</b>				





**Department of Mental Health**  
280 State Drive  
Building NOB2 North  
Waterbury, VT 05671-2010

## MEMORANDUM

To: Kristin Clouser, Secretary of Administration

From: Shannon Thompson, Finance Director, DMH

Subject: Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants

Date:

Enclosed please find the documentation requesting approval for a new CCBHC Planning Grant for the Department of Mental Health. The grant is for approximately \$1,000,000 for 1 year from 3/31/23 to 3/30/24.

DMH applied for the Cooperative Agreement for Certified Community Behavioral Health Clinic (CCBHC) Planning Grant (Short Title: CCBHC Planning Grant) through the Substance Abuse and Mental Health Services Administration (SAMHSA). We requested \$1,000,000 to support Vermont 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.

Please find the following documents enclosed:

- AA-1 memo
- AA-1 form
- Notice of grant award and grant terms and conditions

If you have any questions, please contact me at 802-461-5792.

## STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
<b>1. Agency:</b>		Agency of Human Services		
<b>2. Department:</b>		Department of Mental Health		
<b>3. Program:</b>		Administrative Mental Health		
<b>4. Legal Title of Grant:</b>		Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants		
<b>5. Federal Catalog #:</b>		93.829		
<b>6. Grant/Donor Name and Address:</b> Department of Health and Human Services, 200 Independence Ave, SW, Washington, DC 20201				
<b>7. Grant Period:</b>		<b>From:</b> 3/31/2023	<b>To:</b> 3/30/2024	
<b>8. Purpose of Grant:</b> This funding opportunity will assist in the area of including, but not limited to, the development of a CCBHC certification process for the Designated Agency's, implementation steps, and assistance to complete demonstration application. The State will contract with one or more vendor(s) using this funding.				
<b>9. Impact on existing program if grant is not Accepted:</b> If the grant is not accepted, Vermont would miss a opportunity to assist in the development of the Designated Agency's CCBHC certification process.				
10. BUDGET INFORMATION				
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Comments</b>
<b>Expenditures:</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY</b>	
Personal Services	\$333,333	\$666,667	\$	
Operating Expenses	\$	\$	\$	
Grants	\$	\$	\$	
<b>Total</b>	<b>\$333,333</b>	<b>\$666,667</b>	<b>\$</b>	
<b>Revenues:</b>				
State Funds:	\$	\$	\$	
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In-Kind	\$	\$	\$	
Federal Funds:	\$333,333	\$666,667	\$	
(Direct Costs)	\$333,333	\$666,667	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:	\$	\$	\$	
Grant (source )	\$	\$	\$	
<b>Total</b>	<b>\$333,333</b>	<b>\$666,667</b>	<b>\$</b>	
<b>Appropriation No:</b>	3150070000	<b>Amount:</b>	\$333,333	
			\$	
			\$	
			\$	
			\$	
			\$	

# STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)

	\$
<b>Total</b>	<b>\$333,333</b>

## PERSONAL SERVICE INFORMATION

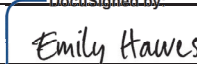
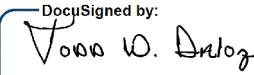
**11. Will monies from this grant be used to fund one or more Personal Service Contracts?**  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: \_\_\_\_\_ Agreed by: \_\_\_\_\_ (initial)

12. Limited Service Position Information:	# Positions	Title
<b>Total Positions</b>		

**12a. Equipment and space for these positions:**  Is presently available.  Can be obtained with available funds.

## 13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: 	Date: 3/31/2023
	Title: Commissioner, Department of Mental Health	
	Signature: 	Date: 4/3/2023
	Title: AHS Deputy Secretary	

## 14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/>	Approved:	(Secretary or designee signature) 	Date: 4/25/2023
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## 15. ACTION BY GOVERNOR

<input type="checkbox"/>	Check One Box: Accepted	(Governor's signature)	Date:
<input type="checkbox"/>	Rejected		

## 16. DOCUMENTATION REQUIRED

### Required GRANT Documentation

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Request Memo<br><input type="checkbox"/> Dept. project approval (if applicable)<br><input checked="" type="checkbox"/> Notice of Award<br><input type="checkbox"/> Grant Agreement<br><input checked="" type="checkbox"/> Grant Budget | <input type="checkbox"/> Notice of Donation (if any)<br><input type="checkbox"/> Grant (Project) Timeline (if applicable)<br><input type="checkbox"/> Request for Extension (if applicable)<br><input type="checkbox"/> Form AA-1PN attached (if applicable) |
|--|--|

### End Form AA-1

(\*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

DocuSigned by:  
  
 E30932098A6F482...

4/3/2023



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

**Notice of Award**  
 FAIN# H79SM087621  
**Federal Award Date**  
 03/15/2023

### Recipient Information

#### 1. Recipient Name

HUMAN SERVICES VERMONT AGENCY OF  
 280 STATE DR

WATERBURY, 05671

#### 2. Congressional District of Recipient

00

#### 3. Payment System Identifier (ID)

1036000264D4

#### 4. Employer Identification Number (EIN)

036000264

#### 5. Data Universal Numbering System (DUNS)

809376155

#### 6. Recipient's Unique Entity Identifier

YLQARK22FMQ1

#### 7. Project Director or Principal Investigator

Nicole DiStasio

nicole.distasio@vermont.gov  
 802-904-3226

#### 8. Authorized Official

Nicole DiStasio  
 nicole.distasio@vermont.gov  
 802-904-3226

### Federal Agency Information

#### 9. Awarding Agency Contact Information

Bryan Rivera

Center for Mental Health Services  
 bryan.riveralopez@samhsa.hhs.gov  
 240-276-1921

#### 10. Program Official Contact Information

Kate Schlatter

Center for Mental Health Services  
 Kate.Schlatter@samhsa.hhs.gov  
 240-276-2013

### Federal Award Information

#### 11. Award Number

1H79SM087621-01

#### 12. Unique Federal Award Identification Number (FAIN)

H79SM087621

#### 13. Statutory Authority

223 Medicare Act PL113-93, amended BSCA Sec 11001 PL117-159

#### 14. Federal Award Project Title

Vermont Certified Community Behavioral Health Clinic CCBHC Planning Grant

#### 15. Assistance Listing Number

93.829

#### 16. Assistance Listing Program Title

Section 223 Demonstration Programs to Improve Community Mental Health Services.

#### 17. Award Action Type

New Competing

#### 18. Is the Award R&D?

No

### Summary Federal Award Financial Information

#### 19. Budget Period Start Date 03/31/2023 – End Date 03/30/2024

<b>20. Total Amount of Federal Funds Obligated by this Action</b>	\$1,000,000
20a. Direct Cost Amount	\$1,000,000
20b. Indirect Cost Amount	\$0

#### 21. Authorized Carryover

#### 22. Offset

**23. Total Amount of Federal Funds Obligated this budget period** \$1,000,000

**24. Total Approved Cost Sharing or Matching, where applicable** \$0

**25. Total Federal and Non-Federal Approved this Budget Period** \$1,000,000

#### 26. Project Period Start Date 03/31/2023 – End Date 03/30/2024

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** \$1,000,000

#### 28. Authorized Treatment of Program Income

Additional Costs

#### 29. Grants Management Officer - Signature

Eileen Bermudez

#### 30. Remarks

Acceptance of this award, including the "Terms and Conditions," is acknowledged by the recipient when funds are drawn down or otherwise requested from the grant payment system.





CCBHC Planning Grants  
Department of Health and Human Services  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services

Notice of Award

**Issue Date:** 03/15/2023

**Award Number:** 1H79SM087621-01  
**FAIN:** H79SM087621  
**Program Director:** Nicole DiStasio

**Project Title:** Vermont Certified Community Behavioral Health Clinic CCBHC Planning Grant

**Organization Name:** HUMAN SERVICES VERMONT AGENCY OF

**Authorized Official:** Nicole DiStasio

**Authorized Official e-mail address:** nicole.distasio@vermont.gov

**Budget Period:** 03/31/2023 – 03/30/2024  
**Project Period:** 03/31/2023 – 03/30/2024

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,000,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to HUMAN SERVICES VERMONT AGENCY OF in support of the above referenced project. This award is pursuant to the authority of 223 Medicare Act PL113-93, amended BSCA Sec 11001 PL117-159 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at [www.samhsa.gov](http://www.samhsa.gov) (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,  
Eileen Bermudez  
Grants Management Officer  
Division of Grants Management

See additional information below

**SECTION I – AWARD DATA – 1H79SM087621-01****Award Calculation (U.S. Dollars)**

<b>Contractual</b>	\$1,000,000
<b>Direct Cost</b>	\$1,000,000
<b>Approved Budget</b>	\$1,000,000
<b>Federal Share</b>	\$1,000,000
<b>Cumulative Prior Awards for this Budget Period</b>	\$0
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	\$1,000,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$1,000,000

Note: Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**Fiscal Information:**

<b>CFDA Number:</b>	93.829
<b>EIN:</b>	1036000264D4
<b>Document Number:</b>	23SM87621A
<b>Fiscal Year:</b>	2023

IC	CAN	Amount
SM	C96CMS3	\$1,000,000

IC	CAN	2023
SM	C96CMS3	\$1,000,000

**SM Administrative Data:**

**PCC:** BSCA-CD / **OC:** 4145

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79SM087621-01**

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

**SECTION III – TERMS AND CONDITIONS – 1H79SM087621-01**

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 75 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**

Use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Sub-recipients that are for-profit commercial organizations under the same award must use the deductive alternative and reduce their subaward by the amount of program income earned.

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, 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 must also 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 (FAPIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.

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**SECTION IV – SM SPECIAL TERMS AND CONDITIONS – 1H79SM087621-01**

**REMARKS**

**BSCA New Cooperative Agreement**

This Notice of Award (NoA) is issued to inform your organization that the application submitted through the Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants Notice of Funding Opportunity (NOFO) # SM-23-015 has been selected for funding. This award reflects funding for a **12-month** period, from **3/31/2023 - 3/30/2024** in the amount of **\$1,000,000**.

This award reflects **conditional approval** of the budget submitted **12/19/2022** as part of the application by your organization. **See Special Conditions of Award.**

The CCBHC Planning Grants Program, as authorized by 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).), includes funds 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.

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This cooperative agreement Notice of Award sets out the terms and conditions governing a collaborative effort between the VERMONT STATE AGENCY OF HUMAN SERVICES and THE CENTER FOR MENTAL HEALTH SERVICES (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA). While the responsibility for conducting these activities lies primarily with VERMONT STATE AGENCY OF HUMAN SERVICES, CMHS and SAMHSA, through its designated representatives, shall provide continuing technical assistance, consultation, and coordination in the conduct of the project during the period of this agreement.

Funding for this award is also pursuant to the authority of the Bipartisan Safer Communities Act (BSCA; P.L. 117-159).

**All Post-Award Amendments must be submitted in eRA Commons for prior approval.**

Please refer to the SAMHSA website for specific SAMHSA guidance on how to submit a post-award amendment in eRA Commons:

<https://www.samhsa.gov/grants/grants-management/post-award-changes>

Prior approval is required for but is not limited to: a change in key personnel and level of effort, a budget revision, a change in scope, a formal carryover request, and a no cost extension. Reference the full prior approval term on the SAMHSA website under Standard Terms and Conditions at:

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

Technical questions regarding the submission of a post-award amendment in eRA Commons should be directed to the eRA Service Desk:

<http://grants.nih.gov/support/>

**All responses to award terms and conditions and post award amendment requests must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions or how to submit a post award amendment request please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading Grant Management Reference Materials for Grantees.

## **SPECIAL TERMS**

### **CCBHC - Required Key Personnel**

#### **CCBHC - Required Key Personnel**

By **April 30, 2023**, submit in eRA, a Key Personnel - Post Award Amendment, for a Project Director candidate.

The application for this grant listed Nicole DiStasio as Project Director. However, per the NOFO, the grantee must still receive approval for key positions to be filled. Please submit a Post Award Amendment for Key Personnel identifying the Project Director. Ensure that the

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individual is registered within eRA as the Project Director and the level of effort is at a **minimum of 50 percent** as stipulated within the NOFO SM-23-015. Submit a cover letter, the Resume, Position Description, and level of effort associated with the Project Director identified in the application. Refer to the following website for additional guidance: <https://www.samhsa.gov/grants/grants-management/post-award-amendments#change-inkey-personnel>.

All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.

### **Disparity Impact Statement (DIS)**

By **05/30/2023**, submit via eRA Commons a completed **SAMHSA DIS Worksheet**.

Please refer to the [Special Conditions of Awards for Behavioral Health Disparity Impact Statement \(DIS\)](#) website for the most up-to-date DIS worksheet and resources.

SAMHSA's Behavioral Health Disparity Impact Statement (DIS) is a data-driven, quality improvement approach to advance equity for all, and to identify racial, ethnic, sexual and gender minority, and rural populations at highest risk for experiencing behavioral health disparities as part of their grant projects. The purpose of the DIS is for recipients to identify and address health disparities and to develop and implement an action plan with a disparity reduction quality improvement process to close the identified gap(s). The aim is to achieve targeted behavioral health equity for disparate populations and improve systems.

Recipients are expected to use the DIS Worksheet that can be found at <https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>. This website also contains DIS resources for recipients to use when developing, monitoring, and reporting on DIS.

The main components of the DIS are:

- Identify and describe the scope of the problem (i.e., behavioral health disparity) related to the grant program and the population(s) of focus that experience disparate access, use, and outcomes. Identify data sources that will be used to inform the DIS (this should be in alignment with the information provided in your application). Complete a table that includes this information at the individual/client, organizational or systemic level as it relates to the grant data collection requirements: NOMS, IPP, or both in relation to access, use, and outcomes.
- Identify Social Determinants of Health (SDOH) domain(s) that your organization will work to address and improve for the identified population(s) of focus using the Notice of Funding Opportunity (NOFO). Visit [Healthy People 2030](#) for more information on the five (5) domains. Using the Behavioral Health Implementation Guide, identify CLAS standards that your organization plans to meet, expand, or improve through this grant opportunity. Review the [Behavioral Health Implementation Guide](#) for full explanations of the overarching themes and 15 CLAS Standards with behavioral health related samples, strategies, and examples.
- Develop and implement a disparity reducing quality improvement action plan to

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address the behavioral health disparity(ies) experienced by underserved population differences based on the GPRA data on access, use and outcomes of activities. The plan should include the activities (using SMART goals and objectives) that will be implemented to address disparities, the intended impact, timeline, client/peer/partner involvement, measurement, evaluation, and sustainability. Ensure documentation of the processes, progress, and outcomes on how the identified behavioral health disparity(ies) have improved. SMART goals and objectives are as follows:

- Specific (simple sensible, significant);
- Measurable (meaningful, motivating);
- Achievable (agreed, attainable);
- Relevant (reasonable, realistic and resourced, results-based);
- Time bound (time-based, time limited, time/cost limited, timely, time-sensitive).

Recipients are expected to provide at a minimum, an annual update on the disparity impact statement (e.g. what worked, what did not work, what modifications were made) as part of the programmatic progress reports per the NOFO.

**All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions.**

### **SPARS**

CCBHC Planning grant recipients are required to collect and report certain data so that SAMHSA can meet its obligation under the Government Performance and Results Act (GPRA) Modernization Act of 2010. These data are gathered using SAMHSA's Performance and Accountability Reporting System (SPARS). CCBHC Planning grant recipients are required to: (1) complete Annual Goals training and enter annual goals data into SPARS by June 30, 2023; and (2) begin collecting and reporting data into SPARS in the 4th quarter (July - September 2023). SPARS training and technical assistance will be provided post award.

### **CCBHC Funding Limitations Term**

**The following funding restrictions apply for this program:**

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

### **Risk Assessment**

The Office of Financial Advisory Services (OFAS), SAMHSA may perform an administrative review of your organization's financial management systems, policies, procedures and records. If the review discloses material weaknesses or other financial management concerns, grant funding may be restricted in accordance with [45 CFR 75/2 CFR 200](#), as applicable. The restriction will affect your organization's ability to withdraw funds from the Payment Management System account, until the concerns are addressed.

### **SPECIAL CONDITIONS**

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## CCBHC - Additional Documentation Required

Recipients are required to provide a detailed breakdown and justification to demonstrate whether the costs requested are reasonable, allowable, and necessary for the achievement of the goals and objectives of this grant. Recipients must include the items' descriptions, quantities, and unit costs for every line item requested under each budget category to show how any lump sum estimates were calculated.

By **April 30, 2023**, please submit a revised budget via eRA Commons terms tracker breaking down each item of cost and providing additional justification in the narrative section:

**1) Contractual - Technical Assistance Consultants to State and Providers (\$1,000,000):** Please provide a breakdown of each cost included in this consultancy. If you will contract several organizations, please separate these costs accordingly and use the check function in the SAMHSA budget template to add any applicable budget categories as well as a justification under each cost to help SAMHSA assess the reasonableness of your request. Please also ensure to identify the funding mechanism as either subcontract/subaward or consultancy as applicable. If any of these costs are one-time fees, please reallocate them to the "other" budget category and provide details under the narrative justification

**2) Funding Limitations/Restrictions:** Please complete the Funding Limitations section of the budget considering "No more than 20% of the total award for the budget period may be used for data collection, performance measurement, and performance assessment activities required". Please include each applicable item of cost under the appropriate budget category so when added, the total of such costs remains under 20%.

**All responses to award terms and conditions must be submitted as .pdf documents in eRA Commons.** For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions.**

## STANDARD TERMS AND CONDITIONS

### BSCA Standard Terms for Awards

Your organization must comply with the Standard Terms and Conditions for the Fiscal Year in which your grant was awarded. The Fiscal Year for your award is identified on Page 3 of your Notice of Award. SAMHSA's Terms and Conditions Webpage is located at:

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

### Reasonable Costs for consideration

Recipients must exercise proper stewardship over Federal funds and ensure that costs charged to awards are allowable, allocable, reasonable, necessary, and consistently applied regardless of the source of funds according to "Reasonable Costs" consideration per 2 CFR § 200.404 and the "Factors affecting allowability of costs" per 2 CFR § 200.403. A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.

### Consistent Treatment of Costs

Recipients must treat costs consistently across all federal and non-federal grants, projects and cost centers. Recipients may not direct-charge federal grants for costs typically considered indirect in nature, unless done consistently. If part of the indirect cost rate, then it may not also be charged as a direct cost. *Examples of indirect costs include (administrative salaries, rent,*

*accounting fees, utilities, office supplies, etc.*). If typical indirect cost categories are included in the budget as direct costs, it is SAMHSA's understanding that your organization has developed a cost accounting system adequate to justify the direct charges and to avoid an unfair allocation of these costs to the federal government. Also, note that all awards are subject to later review in accordance with the requirements of [45 CFR 75.364](#), [45 CFR 75.371](#), [45 CFR 75.386](#) and [45 CFR Part 75, Subpart F, Audit Requirements](#).

### **Compliance with Award Terms and Conditions**

FAILURE TO COMPLY WITH THE ABOVE STATED TERMS AND CONDITIONS MAY RESULT IN ACTIONS IN ACCORDANCE WITH [45 CFR 75.371](#), REMEDIES FOR NON-COMPLIANCE AND [45 CFR 75.372](#) TERMINATION. THIS MAY INCLUDE WITHHOLDING PAYMENT, DISALLOWANCE OF COSTS, SUSPENSION AND DEBARMENT, TERMINATION OF THIS AWARD, OR DENIAL OF FUTURE FUNDING.

**All previous terms and conditions remain in effect until specifically approved and removed by the Grants Management Officer.**

### **BSCA Quarterly Programmatic Progress Report**

Submit **Quarterly Reports** via eRA Commons only and submitted as a .pdf to the View Terms Tracking Details page in the eRA Commons System.

- The first quarterly progress report on project performance will be due no later than **July 15, 2023**.
- The second quarterly progress report on project performance will be due no later than **October 15, 2023**.
- The third quarterly progress report on project performance will be due no later than **January 15, 2024**.
- The fourth quarterly progress report on project performance will be due no later than **April 15, 2024**.

The **Quarterly Progress Report** must, at a minimum, include the following information:

- Data and progress for performance measures as reflected in your application regarding goals and evaluation activities.
- A summary of key program accomplishments to-date.
- Description of the changes, if any, that were made to the project that differ from the application for this incremental period.
- Description of any difficulties and/or problems encountered in achieving planned goals and objectives including barriers to accomplishing program objectives, and actions to overcome barriers or difficulties.

Note: Recipients must also comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the FOA or by the Grant Program Official (GPO). This information is needed in order to comply with PL 102-62, which requires that Substance Abuse and Mental Health Services Administration (SAMHSA) report evaluation data to ensure the effectiveness and efficiency of its programs.

**The response to this term must be submitted as .pdf documents in eRA Commons. Please contact your Government Program Official (GPO) for program specific submission information.**

For more information on how to respond to tracked terms and conditions please refer to <https://www.samhsa.gov/grants/grants-training-materials> under heading **How to Respond to Terms and Conditions**.

Additional information on reporting requirements is available at <https://www.samhsa.gov/grants/grants-management/reporting-requirements>.



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## Annual Federal Financial Report (FFR or SF-425)

All financial reporting for recipients of Health and Human Services (HHS) grants and cooperative agreements has been consolidated through a single point of entry, which has been identified as the Payment Management System (PMS). The Federal Financial Report (FFR or SF-425) initiative ensures all financial data is reported consistently through one source; shares reconciled financial data to the HHS grants management systems; assists with the timely financial monitoring and grant closeout; and reduces expired award payments.

The FFR is required on an annual basis no later than 90 days after the end of each Budget Period. The FFR should reflect cumulative amounts. Additional guidance to complete the FFR can be found at <http://www.samhsa.gov/grants/grants-management/reporting-requirements>.

SAMHSA reserves the right to request more frequent submissions of FFRs. If so, the additional submission dates will be shown below.

Your organization is required to submit an FFR for this grant funding as follows:

- **By June 29, 2023** submit the Federal Financial Report (FFR)/(SF-425).
  - The grant recipient staff member(s) responsible for FFR preparation, certification and submission of the FFR must either submit a request for New User Access or Update User Access to the FFR Module as applicable. Refer to the PMS User Access website <https://pms.psc.gov/grant-recipients/user-access.html> for information on how to submit a New User Access, Update User Access or Deactivate User Access. You can also view PMS' Video on how to request new user access @ <https://youtu.be/kdoqaXfiuI0> and PDF resource with instructions on Requesting Access @ [https://pms.psc.gov/forms/New-User-Request\\_Grantee.pdf](https://pms.psc.gov/forms/New-User-Request_Grantee.pdf)
  - Instructions on **how to submit a FFR via PMS** are available at <https://pmsapp.psc.gov/pms/app/help/ffr/ffr-grantee-instructions.html> (The user must be logged in to PMS to access the link). Updates to the FFR instructions effective 4/1/2022 are also available @ <https://pms.psc.gov/grant-recipients/ffr-updates.html>
  - While recipients must submit the FFR in PMS, the FFR can also be accessed by connecting seamlessly from the eRA Commons to PMS by clicking the "Manage FFR" link on the "Search for Federal Financial Report (FFR)" page in eRA Commons, which will redirect to PMS. SAMHSA will not accept FFRs submitted by email or uploaded as an attachment into eRA. To access the "Manage FFR" link in eRA Commons, the individual must be registered in eRA Commons and assigned the Financial Status Reporter (FSR) role for their organization. The individual assigned the FSR role is responsible for reporting the statement of grant expenditures for their organization. Refer to the [Managing User Accounts: Add or Remove Roles, Unaffiliate Account](#) document for instructions on how to assign

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a the FSR role.

**If you have questions about how to set up a PMS account for your organization, please contact the PMS Help Desk at [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov) or 1-877-614-5533.**

**Note:** Recipients will use PMS to report all financial expenditures, as well as to drawdown funds; SAMHSA recipients will continue to use the eRA Commons for all other grant-related matters including submitting progress reports, requesting post-award amendments, and accessing grant documents such as the Notice of Award.

## Closeout Requirements - Discretionary Grants

**Recipients must complete all actions required for closeout to include:**

- Liquidate all obligations incurred under the award. All payment requests must be submitted before the end of the **(120) days post-award reconciliation/liquidation period**.
- Reconcile financial expenditures to the reported total disbursements and charges in PMS.
- Return any funds due to PMS as a result of refunds, corrections, or audits. Refer the following link for additional guidance <https://pms.psc.gov/grant-recipients/returning-funds-interest.html>

Recipients must close the award in accordance with 2 CFR 200.344 Closeout and the terms and conditions listed in the grant notice of award. Recipients must liquidate all obligations incurred under an award not later than one hundred twenty (120) days after the end of awards obligation and project period. **After one hundred twenty (120) days, PMS account is automatically - locked. SAMHSA does not approve payment requests after one hundred twenty (120) days post-award reconciliation/liquidation period.** Therefore, recipients are expected to complete all expenditure requests within the approved project period and the aforementioned 120-day post-award reconciliation/liquidation period. **Recipients late withdrawal requests occurring after the aforementioned periods will be denied. Final reports are due to SAMHSA no later than 120 days after the end of the project period.** Final reports include:

- Submit via PMS the Final Federal Financial Report (Final FFR, SF-425) (PDF | 1.2 MB).
- Submit in eRA Commons the Final Progress Report (FPR) or other reports required by the terms and conditions of the award.
- Submit in eRA Commons a Tangible Personal Property Report (TPPR SF-428, SF428B & if needed additional forms from SF428 series) to account for any property acquired with federal funds or indicate on the form that you have no property to report.

**Failure to complete the closeout actions in 120 days after the project period end may result in a unilateral closeout of the grant by SAMHSA.** This may affect future funding of federal programs and result in the reimbursement of funding to SAMHSA. **If the recipient does not submit all reports satisfactorily in accordance with 2 CFR 200.344 SAMHSA will report the recipients material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system (currently FAPIIS).** Federal awarding agencies may also pursue other enforcement actions per 2 CFR 200.339. Refer to the following SAMHSA for Closeout Standard Terms and Conditions <https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>. Additional information on closeout is available at <https://www.samhsa.gov/grants/grants-management/grant-closeout>.

**Staff Contacts:**

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### **Budget Information**

- Contract #1 -- \$800,000 (~2285 hours at \$350/hr)
  - Researching and reporting on other state's add-on criteria and measures. Including 2-3 working sessions to develop Vermont criteria and measures.
  - Development of the certification process (including state/provider readiness check materials, assistance in developing the application and evaluation process) including 2-3 working sessions.
  - Assist in the development of the rate setting criteria, including 2-3 working sessions with HMA.
  - Completion of the application, including bi-weekly meetings and a few working sessions.
- Contract #2 - \$200,000 (~571 hrs at \$350/hr)
  - Engage in MMIS analytics for the purposes of using encounter data to develop rate setting criteria.
  - Assist in the development of the rate setting criteria.

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JENNEY SAMUELSON  
SECRETARY

TODD W. DALOZ  
DEPUTY SECRETARY

**STATE OF VERMONT  
AGENCY OF HUMAN SERVICES**

**MEMORANDUM**

**TO:** Sorsha Anderson, Joint Fiscal Office

**FROM:** Shannon Thompson, Finance Director, Department of Mental Health

**SUBJECT:** AA-1 for Cooperative Agreements for Certified Community Behavioral Health Clinic (CCBHC) Planning Grant

**DATE:** May 24, 2023

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DMH is requesting an expedited review for this grant. Because this is a 1-year grant that was to begin in March 2023, the timeline is extremely tight. This will require a substantial amount of work, and the deadline for the first deliverable has passed. In an effort to meet future deadlines, DMH is requesting this expedited review.

Thank you for your consideration.