

Topic of Question	Question	Answer							
Administrative Burden	Can you speak to the anticipated workload of sites in terms of data collection and work with the collaborative--ie how similar is this grant to the SIM grants of 2015?	The Department will make all efforts to reduce administrative burden for grantees with regards to data collection. The programming for the supportive peer learning networks is still under development by the Department.							
Administrative Burden	The house bill says that practices will have support from a billing and data partnership team. Do you know what that will look like?	The data and billing partnership team is still under development by the Department, and it is likely this will feature prominently in the practice coaching resources that will be available to practices as part of their participation in this grant opportunity.							
Administrative Burden	You indicated that practices will submit data and reports - Can you share what data is expected?	The Department will make all efforts to reduce administrative burden for grantees with regards to data collection. The specifics of reporting expectations for grantees is still under development by the Department.							
Allowable Expense	When it says that it cannot be something that Medicaid pays for what does that mean. No psychotherapy?	Services that are billable to Medicaid must be billed to Medicaid. Psychotherapy codes should be billed when services are provided to clients.							
Allowable Expense	Can you please give an example of a service that's not billable that we can use grant funding for?	Personnel, fringe, equipment, supplies, contractual costs, capital expenditures are all areas where grant funds may be requested.							
Allowable Expense	Can funds be used towards capital expenses (lease for building used in integrated services like a respite site connected to other services)?	Capital expenditures may represent no more than 15% of your total project budget. The following items are allowable without a cap per item: Public health data systems, including technology infrastructure to adapt operations to the pandemic (e.g., video-conferencing software, improvements to case management systems or data sharing), behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers). Items that do not fall under these definitions are capped at \$10,000.00. An example could include \$20,000 allocated to fund construction of a new behavioral health room attached to an existing clinic, or \$10,000 allocated to buy access to a new secure video conferencing software to facilitate behavioral health telehealth visits.							
Allowable Expense	Can we use the funds to pay for medical benefits for providers and bh staff?	Fringe benefits (such as medical benefits) associated with new staff brought on to implement the model, must be requested at the same percentages per time period. Due to the short nature of this grant, personnel costs may be included as well as fringe benefits with a strong sustainability plan in place. If your team chooses to submit a request to bring on a new personnel- the grant will allow the first 12 months at 75% funding, 13-23 months of employment at 40% funding, 24-39 months at 20% funding.							
Allowable Expense	Are we able to use an expansion tract project (to expand EHR and buy integration software to reduce barriers to patients) to cover Personnel IT costs (not executive or senior) associated with the implementation?	Expenses associated with improving and expanding an organization's electronic health record (EHR) is an eligible expense. Ongoing costs are not eligible, so an application must make clear how the EHR changes and the costs associated with those changes support their new work. For example, if a practice is building out a new electronic workflow for BH services, this would be allowable.							
Allowable expense	Can funds be used for external people providing training and quality improvement support?	Yes, funding can be used to pay for training expenses related to new integrated behavioral health care programming.							
Allowable Expense	could it be used to pay for a paid internship for a lsw to be an integrated bhp?	Yes, funding can be used to pay for a paid internship if a grantee thinks that serves the needs of their practice.							
Allowable Expense	If a clinic provides behavioral health services to uninsured populations, can this funding be used to cover that?	Grant funding may not be directly billed for psychotherapy services provided to uninsured patients. However, professionals involved in the grant work may see uninsured patients.							
Allowable Expense	In the slides, it stated the grant could provide EHR cost support if it enhances the EHR for integrated care. Can you clarify because I just heard it stated it cannot be used for EHR?	It cannot be used for ongoing EHR costs. It can be used to enhance an existing EHR program to allow for newly integrated services. So no ongoing software licenses- yes to build out a new workflow.							
Allowable Expense	I also am interested in using the funding for intern salaries while they are being trained/supervised toward licensure, please include me in the answer to that question when you find it. Thanks.	Yes, funding can be used to pay for a paid internship if a grantee thinks that serves the needs of their practice.							
Allowable Expense	Also would an existing BH Provider incentive be eligible in the interest of retaining a BH Provider and given regional work force challenges.	Sign on bonuses are eligible or bringing in new staff for a project. A provider incentive/retention bonus is not an allowable expense if that provider will be providing the same services as they were providing before the grant period. However, if the provider is now providing expanded services, seeing more patients, taking on more care coordinations tasks as part of the project's NEW work, then a grantee may choose to allocate grant funding to support an appropriate increase in the provider's salary.							
Allowable Expense	Do the prioritized population have to be Medicaid only?	No, the priority populations laid out by HB22.1302 do not have to all be Medicaid clients. All grants must serve some Medicaid members, but it is expected that most grantees will have variation in their payor mix.							
Allowable Expense	Regarding incentives - could our award be used to provide incentives to out of state clinicians to move here and get licensed through our practice?	A signing bonus is an eligible expense under this grant funding.							
Allowable Expense	Would screening costs (like Chadis) which integrates with an EHR's and neuropsych testing to expand MH screenings (i.e. QB testing) be allowed?	We anticipate that some grantees will expand their use of screening tools as part of their execution of an approved evidence based integrated care model. This is an eligible expense as long as the screening tool is part of a plan to implement an evidence based model of care as defined in detail in the RFA.							
Allowable Expense	If travel to other areas of Colorado is needed to expand to rural settings, what category are travel expenses in? Capital expenses? Are there further definitions of all these categories in the app?	Yes- these are both allowable expense areas. Definitions of the cost categories are found in the RFA.							
Allowable Expense	Can funds be used for expansion of clinic space or moving space?	Yes, capital expenditures are allowed to make up to 15% of your budget. The following items are allowable public health data systems, including technology infrastructure to adapt operations to the pandemic (e.g., video-conferencing software, improvements to case management systems or data sharing), behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers). All other capital expenditure items that do not fall under these categories are capped at \$10,000 per item.							
Allowable Expense	Can funds be used to pay existing staff to expand their role (e.g., paying a currently employed licensed behavioral health provider more to also serve as a supervisor for new unlicensed social workers?)	This sounds like "new work" and would be allowable. To make it very clear, we recommend sharing in the narrative section that existing duties are transitioning to another staff member so this person can take on these new duties that aren't otherwise funded.							
Allowable Expense	Can the funding be used for sign-on or retention bonuses?	Sign on bonuses are eligible or bringing in new staff for a project. A provider incentive/retention bonus is not an allowable expense if that provider will be providing the same services as they were providing before the grant period. However, if the provider is now providing expanded services, seeing more patients, taking on more care coordinations tasks as part of the project's NEW work, then a grantee may choose to allocate grant funding to support an appropriate increase in the provider's salary.							
Allowable Expense	If we are planning on opening a new clinic for this Behavioral Health expansion, and need to sign a lease NOW to secure the property... Is this still considered new, as it starts in March before funding goes through? Also - can we start construction now before the funding period starts as we need to be prepared by summer/funding period to see patients?	No costs are allowable that occur before an executed grant agreement has been signed by both agencies.							
Allowable Expense	Can practices bill for BH services if you get a grant to pay a BH provider's salary?	Allowable expenses include personnel costs associated with integrated care models, this can include attending training on models, billing practices, etc. Due to the short nature of this grant, personnel costs may be included as well as fringe benefits with a strong sustainability plan in place. Provider can be billed the grant at a percentage of time as they build up their practice and complete necessary trainings. If your team chooses to submit a request to bring on a new personnel- the grant will allow the first 12 months at 75% funding, 13-23 months of employment at 40% funding, 24-39 months at 20% funding.							
Allowable Expense	Could we apply for a expenditures during a specific timeframe? e.g., January 2024 to December 2026?	All applications requesting funds for integrated care work within the Integrated Care timeline will be reviewed.							
Allowable Expense	You said it's ok to use for expanding of space--does that include build out costs of adding mental/behavioral health rooms into an already existing clinic?	Yes, capital expenditures are allowed to make up to 15% of your budget. The following items are allowable public health data systems, including technology infrastructure to adapt operations to the pandemic (e.g., video-conferencing software, improvements to case management systems or data sharing), behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers). All other capital expenditure items that do not fall under these categories are capped at \$10,000 per item.							
Allowable Expense	Can this grant be used to develop an app for providers to use for helping with patient care?	Grant funding must support the development of integrated behavioral health programming, and if the app is part of a group's plan to implement or expand their programming it would be considered for grant funding. This app would need to be a part of an approved model as well as not just the primary component of BH integration. This is not a tech investment grant.							

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Allowable Expense	Can this money be used for sign-on bonuses and retention bonuses?	Sign on bonuses are eligible or bringing in new staff for a project. A provider incentive/retention bonus is not an allowable expense if that provider will be providing the same services as they were providing before the grant period. However, if the provider is now providing expanded services, seeing more patients, taking on more care coordinations tasks as part of the project's NEW work, then a grantee may choose to allocate grant funding to support an appropriate increase in the provider's salary.
Allowable Expense	Is this funding only for Medicaid patients, or can it be used for those who have commercial insurance, but do not have Mental Health coverage?	In order to apply, a practice must serve some Medicaid patients and demonstrate a commitment to continue to serve Medicaid members after the grant period. The practice may also use the funds to support care for other insured patients including those who are Medicare patients.
Allowable Expense	Would improving its integrated program count as new?	New work expands or enhances an existing program. The application should detail which components/aspect of the work are new/an expansion of existing programs.
Allowable Expense	Is there a minimum medicaid population you have to serve?	In order to apply, a practice must serve some Medicaid patients and demonstrate a commitment to continue to serve Medicaid members after the grant period. The practice may also use the funds to support care for other insured patients including those who are Medicare patients. Applications that serve more Medicaid members will be prioritized in grant evaluation, but there is no minimum number of Medicaid members served.
Allowable Expense	If you are in behavioral health private practice serving Medicaid members (LMFT license), how can you use these grant funds?	A grant application can be submitted by a primary care clinic or a behavioral health partner. The project described in the application must meet the definition of integrated behavioral health care. Grant awards will be tied to Medicaid Provider IDs and the payment source associated with this by the Department. An independent BH provider could potentially partner with a medical provider to implement an integrated care model/practice.
Allowable Expense	Does all work have to remain on an outpatient/clinic basis, or could a new position like a social worker be utilized in a rural health clinic and also for the swing bed program etc at a critical access hospital?	Grant funding should be used to support integrated behavioral health programming in outpatient setting as outlined in HB22.1302.
Allowable Expense	We current lease a space that we are trying to purchase so we can expand the facility to support access for more clientele. Would this grant be appropriate for this or do we need to already own the property?	Yes, capital expenditures are allowed to make up to 15% of your budget. The following items are allowable public health data systems, including technology infrastructure to adapt operations to the pandemic (e.g., video-conferencing software, improvements to case management systems or data sharing), behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers). All other capital expenditure items that do not fall under these categories are capped at \$10,000 per item.
Allowable Expense	What percentage of a practice's patient panel needs to be Medicaid?	In order to apply, a practice must serve some Medicaid patients and demonstrate a commitment to continue to serve Medicaid members after the grant period. The practice may also use the funds to support care for other insured patients including those who are Medicare patients. Applications that serve more Medicaid members will be prioritized in grant evaluation, but there is no minimum number of Medicaid members served.
Allowable Expense	If we have a small current staff, that we are struggling to pay competitively, and we want to hire added clinicians at a competitive rate, would we be able to use grant funding to increase current provider salaries to match newly hired employees?	A provider incentive/retention bonus is not an allowable expense if that provider will be providing the same services as they were providing before the grant period. However, if the provider is now providing expanded services, seeing more patients, taking on more care coordinations tasks as part of the project's NEW work, then a grantee may choose to allocate grant funding to support an appropriate increase in the provider's salary.
Allowable Expense	What will the learning collaborative expectations be? If they will be required to attend regular grantee meetings, can they write in buy-outs for the time necessary to participate in the learning collaboratives? Who will be required to participate (e.g., a leadership team with PCP, BH provider, and practice administrator)?	Reasonable FTE costs may be charged to the grant. It is recommended that staff selected for attendance to learning collaborative meetings be those that can create a sustainable population based payment model within their organization.
Allowable Expense	Are the populations you mentioned as priority in considerations measured in some way that we have to prove? Such as, how many requests we get for services from these people or how many of them we serve currently?	The application includes questions about the populations your practice serves. If you feel it is helpful to explain the rationale and need for your program, you are invited to share any measures of unmet need that you feel are relevant to the consideration of your application.
Allowable Expense	If a role in a clinic changes- ie an existing MA is trained to a new role providing behavioral care to patients with co morbid chronic disease and behavioral health issues, is that salary eligible to be covered?	Any work they continue to do as a traditional MA would not be eligible for funding as this would not be new work. The percentage of time they are allocating to new work would be eligible. This needs to be clearly delineated within the application. A provider must have the appropriate credentials to provide BH services, and an application would need to be specific about exactly what care/services they are considering cross training an MA to provide.
Allowable Expense	Could this funding be used to develop, train, implement and support an unlicensed workforce of advocate/promotoria/addiction counselor-level clinicians?	Thank you for your question. This sounds like interesting work and we recommend you look at the 3.07 Peer Navigator Grant open through our ARPA funding within the next few weeks: https://hcpf.colorado.gov/arpa/arpa-grant-opportunities
Definition/Terminology	How is small and independent defined?	This will be defined in relation to other applicants as applications are received. Practices that have smaller number of providers and are not affiliated with larger health systems in general will be prioritized in the scoring of applications.
Definition/Terminology	Could you expand on having "emergency" plans?	Per HB22.1302, each grantee will have and maintain emergency plans in the event of a psychiatric emergency. Many practices will already have protocols in place which can be submitted in support of their grant. At a minimum, grantees should be able to explain how they would handle a psychiatric emergency both during and after business hours.
Definition/Terminology	Can you go into more detail how you are defining the evidence based pathways?	Detailed definitions of the Evidence Based Models of Integrated Care are contained within the RFA.
Definition/Terminology	What counts as a match for a system that is required for a match? How is that demonstrated to HCPF	An organization can meet the match requirement by using community benefit funds, in-kind personnel time, and federal relief funding NOT associated with federal state and local recovery (SLFRF) funding.
Funding	Total grant funding over the three-year period is 200-400K, thus split over the three years? Not 200-400K award PER year of the grant (totaling 600-1200K)?	The Department anticipates that average total award amounts over the period July 2023-December 2026 will be between \$200,000-\$400,000.
Funding	Are there any scenarios where this grant money would need to be paid back?	All grants are subject to state and federal auditing. Teams that received funds for the same activity from separate federal sources may be subject to repayment.
Funding	Is this different then the BH grant from Cdhs?	Yes- these are separate grants than those being administered by the Behavioral Health Administration out of CDHS.
Funding	Could you apply for both ARPA and this grant during the time period where you don't know if you will get either and then retract the funds in the event that both come through?	Yes; we recognize there are a lot of competitive grants available at this time. A team may withdraw a portion of or their entire application if they have been awarded a grant through another ARPA source.
Funding	Does "larger grants" mean more than \$400,000?	Yes, larger grants for more than \$400,000 will be considered for larger systems that can demonstrate in their application the potential for broader impact.
Funding	Is the awarded amount (-\$200,000-\$400,000) to be used throughout the entire grant period or a 12-month period?	The Department anticipates that average total award amounts over the period July 2023-December 2026 will be between \$200,000-\$400,000.
Funding	Will we need to show how to spend the whole \$200,000 grant. If our budget is less, than will be get less.	The Department anticipates the average grant amount will be around \$200,000. Smaller grant awards will certainly be considered.
Funding	Hello! I've seen some grants not want to award grant to agencies who would not be able to sustain positions or programs without their financial support after the grant period is over. Is this a consideration factor in this grant?	An organization should design their programming so that by the end of the grant period they plan to be able to support new staff, ideally through billable services. The Department intends to work with grantees during the grant period to optimize and improve integrated behavioral health billing pathways in order to help organizations achieve their sustainability goals beyond the grant period.
Funding	Most of this grant, for our clinic, would go to paying a behavioral health provider in an collaborative care/integrated model. What resources do you have for ongoing funding post the grant period?	An organization should design their programming so that by the end of the grant period they plan to be able to support new staff, ideally through billable services. The Department intends to work with grantees during the grant period to optimize and improve integrated behavioral health billing pathways in order to help organizations achieve their sustainability goals beyond the grant period.
Funding	What about if a clinic is at the tail end of a HRSA grant?	You cannot ask for existing services or duplicate requests across federal sources. If your grant ends let's say 9/30/23- you can certainly request funding for something starting 10/1/23 through Dec. 31, 2026.
Funding	So we can not bill for the services provided during the grant?	Services that are billable to Medicaid must be billed to Medicaid. Psychotherapy codes should be billed when services are provided to clients.
Model/ Programmatic/ Site	Can we submit two programs?	Yes, an organization may submit 2 applications if they are implementing 2 different evidence based models in each site. If the organization is submitting an application for the same model at up to five clinical sites, then one application is most appropriate.

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Model/ Programmatic/ Site	Regarding multiple sites per application - would this apply to a program wanting to expand to satellite offices, for example in rural settings? So those additional sites would be part of the application/proposal for the existing practice?	Each satellite site would be considered a new clinical site. Up to five clinical sites are permitted per application.							
Model/ Programmatic/ Site	Is there a limit to who we can hire to perform these duties	No, the Department does not specify which professions, disciplines, or certifications members of the behavioral health team must have in order to allow for flexibility as organizations make decisions best for their particular practices. The provider hired should be functioning within the scope of their training and/or licensure. Additionally, sustainability should be a consideration for this grant opportunity, which includes a long-term billable perspective. Investing in staff who would not be eligible to bill Medicaid would not support sustainability.							
Model/ Programmatic/ Site	Have you defined what evidence based programs are eligible?	Definitions for the Evidence Based Models selected are contained within the Request for Applications (RFA).							
Model/ Programmatic/ Site	Can 5 practices come together and form a consortium and learning community and submit a single application?	Yes, this would be permitted. In this example, 5 sites would be included on the application and data on each location would be required in the application.							
Model/ Programmatic/ Site	The Collaborative Care model for children would involve a child psychiatrist. There are very few child psychiatrists in Colorado, so that would be difficult in a pediatric practice. Would participation in CoPPCAP fulfill that requirement of the Collaborative Care Model?	If a practice does not feel the collaborative care model is not an option for their work, 3 other models are available for grant funding. For example, many pediatric practices in Colorado implement the Health Steps Model which would be classified as a Primary Care Behavioral Home (PCBH). CoPPCAP could potentially qualify towards the required for integrated psychiatry in the Collaborative Care model as long as providers can address how that service within their program fulfills the requirements of a CoCM model as defined in the RFA.							
Model/ Programmatic/ Site	If a system is interested in applying for more than 5 sites, are they allowed to submit multiple applications?	Five clinical sites was identified as a manageable number for applicants and avoids very large applications being compared to very small applications.							
Model/ Programmatic/ Site	Are these 4 the only models? How about "Healthy Steps" which also has strong evidence?	Healthy Steps fits into model of "Primary Care Behavioral Health Home," and is eligible for grand funding. This model fits into the category of Primary Care Behavioral Health (PCBH) outlined in the RFA.							
Model/ Programmatic/ Site	what if a practice is providing integrated behavioral health but it doesn't fit one of the 4 evidence-based models and they want to use the funding to implement one of those 4 models? Would they be new implementer track or expansion track?	If a practice would like to propose a project that does not fit into one of the identified evidence based models of integrated care, their application will be considered. However, applicants suggesting a model not within the accepted list will need to provide within their application peer-reviewed evidence that justifies their decision to choose a different model of integrated care.							
Model/ Programmatic/ Site	Relative to Taylor's question, some FQHCs have as many as 25 sites, could they submit 3 or 4 applications?	Five clinical sites was identified as a manageable number for applicants and helps ensure equity between larger and smaller groups applying for funding.							
Model/ Programmatic/ Site	Will practices know what clinical measures will be expected before they apply? if they find the measures honorous after the award, is it correct they can decline to accept the award	Thank you for this question. The team continues to work to finalize expected reporting and quality metrics. These metrics would be defined within the grant agreement process and if at that time, they are deemed too onerous by and organization, they do not have to proceed with the grant agreement.							
Model/ Programmatic/ Site	But Collaborative Care Model is not currently funded by Medicaid	Correct. But component services can be billed to Medicaid and this grant funding can be used for the not-reimbursable components. HCPF is working to develop a robust Integrated Care benefit that would include the CoCM model.							
Provider Eligibility	Do waitlisted medicaid clients count? Should we include them in our medicaid #s	Applications should include a practice's current Medicaid panel. If a practice has a waiting list of Medicaid patients, this would be a good fact to share in a narrative of whom you hope to serve with the grant.							
Provider Eligibility	I'm a solo practitioner and wondering if the grant money can be spent to provide myself a salary while I implement any approved programs?	Services that are billable to Medicaid must be billed to Medicaid. Psychotherapy codes should be billed when services are provided to clients.							
Provider Eligibility	Are awards made to an LLC/company, an individual, or a group of people?	Grant awards will be tied to Medicaid Provider IDs and the payment source associated with this by the Department.							
Provider Eligibility	Behavioral Health has a couple definitions in Colorado. Are Pediatric Behavioral Health providers (as defined in EPSDT) eligible?	Providers who only provide Pediatric Behavioral Therapies as defined in EPSDT are unlikely to have their work meet the definitions of integrated care as outlined in this RFA.							
Provider Eligibility	You said you don't give grants to an LLC but that small practice can apply. My practice is a small Family Practice but it's an LLC, not sure I understand what you meant by that.	Grant awards will be tied to Medicaid Provider IDs and the payment source associated with this by the Department.							
Provider Eligibility	If two entities (one medical and one behavioral for example) are seeking to open a mutual space to create a collaborative care model between the two separate entities, is each entity eligible, or would the entities need to create a mutual "umrella entity" to be eligible?	If two agencies are planning to use grant funding to launch a joint integrated behavioral healthcare program, they may apply under one or the others Medicaid Provider ID. We recommend they elect one agency to be the grant fiscal agent. If they create a joint organization and register that entity as a Medicaid provider, they would use that joint Medicaid Provider ID.							
Provider Eligibility	Can you all speak to FQHC and HRSA funding, if we receive these arpa funds already are we ineligible ?	Any new services that are currently unfunded via other mechanism, may be requested from this grant.							
Provider Eligibility	Does primary care include ob/gyn?	Eligible provider must be licensed or authorized to practice in Colorado as an adult or child mental health or primary care provider, obstetrics/gynecology provider, pediatric outpatient care provider, or community behavioral health provider serving adult and/or child and adolescent populations.							
Provider Eligibility	We see Medicare patients and some MCR/MCD patients but very few. We are primary care for older adults and see no Medicaid primary patients - are we still eligible?	The award process will take into account seeing Medicaid members and having a demonstrated commitment to seeing Medicaid members. Dual eligible clients do count as Medicaid clients in the application evaluation process.							
Provider Eligibility	How does this grant differ from the Expansion grant and the Gap Continuum grant? If we were/are awarded these grants, can we still apply for the Integrated grant?	Please visit the Integrated Care website to review objective, eligibility criteria and allowable activities as well as the other defined grants.							
Provider Eligibility	So we are looking at grassroots.. one person small?	Small and independent practices will be considered and prioritized in grant evaluations.							
Provider Eligibility	Would a pediatric PT/OT/SLP outpatient clinic qualify if we are looking to expand/build our mental/behavioral health?	Eligible provider must be licensed or authorized to practice in Colorado as an adult or child mental health or primary care provider, obstetrics/gynecology provider, pediatric outpatient care provider, or community behavioral health provider serving adult and/or child and adolescent populations.							
Provider Eligibility	To clarify, it sounds like the direct applicant for these grants is the primary care clinic itself, not the behavioral health partner provider, correct?	A grant application can be submitted by a primary care clinic or a behavioral health partner. The project described in the application must meet the definition of integrated behavioral health care. Grant awards will be tied to Medicaid Provider IDs and the payment source associated with this by the Department.							
Provider Eligibility	Does the behavioral health plan include psych providers that prescribe in addition to therapists?	No, the Department does not specify which professions, disciplines, or certifications members of the behavioral health team must have in order to allow for flexibility as organizations make decisions best for their particular practices.							
Provider Eligibility	Do rural settings get weighted differently ?	There is not a separate application process for rural applicants.							
Provider Eligibility	Hello, Medicare providers are not eligible to apply?	In order to apply, a practice must serve some Medicaid patients and demonstrate a commitment to continue to serve Medicaid members after the grant period. The practice may also use the funds to support care for other insured patients including those who are Medicare patients or dual-eligible members.							
Provider Eligibility	If 2 separate organizations, a PCP clinic and a BH clinic were hoping to collaborate on the grant by BH clinic providers working out of the PCP clinic, how should they fill out the application? (separate applications, together on the same application, some other way?)	A grant application can be submitted by a primary care clinic or a behavioral health partner. A partnership project should be submitted by one partner or the other but not both. The project described in the application must meet the definition of integrated behavioral health care. Grant awards will be tied to Medicaid Provider IDs and the payment source associated with this by the Department.							
Provider Eligibility	If a Primary Care office and BH practice are partnering to provide integrated Care who applies for the grant and gets the funds? The Primary Care clinic or BH clinic or both?	A grant application can be submitted by a primary care clinic or a behavioral health partner. A partnership project should be submitted by one partner or the other but not both. The project described in the application must meet the definition of integrated behavioral health care. Grant awards will be tied to Medicaid Provider IDs and the payment source associated with this by the Department.							
Provider Eligibility	You said independent BH providers can apply correct if creating a new practice?	BH care providers are encouraged to apply, and as with all applications the grant programming has to meet the definition of integrated care							

Topic of Question	Question	Answer						
Provider Eligibility	We are an integrated care facility. We have 5 physicians and 5 behavioral health therapists. We take medicare and insurance plans but not medicaid. We would like to hire a psychiatrist that would take insurance and medicare and eventually medicaid. Could we apply for this grant?	A practice must immediately serve Medicaid clients during the grant period in order to be considered for grant funding.						
Technical Assistance	Is there any support to a practice to implement care models?	There will be an ongoing collaborative for grantees and technical assistance provided to all grantees.						
Technical Assistance	Where do we go to apply?	Please visit the Integrated Care website for additional information.						
Technical Assistance	For those of us who haven't had experience writing grants before, do you have any resources?	Thank you for this question. On the ARPA grants site- there is some grant writing resources: https://vimeo.com/713857349/af852f1c3a						
Technical Assistance	Where can we access the recorded presentation?	Please visit the Integrated Care website for additional information.						
Technical Assistance	Is see that the RFA opens on March 22. When are applications due?	Applications are due April 26, 2023 at 11:59 PM.						
Technical Assistance	How will practice transformation groups be included in this program? In the past I participated in SIM and Health Team Works was assigned as my coach. Will the same sort of support be provided?	There will be an ongoing collaborative for grantees and technical assistance provided to all grantees. Details about practice coaching and support for practices are still under development.						
Technical Assistance	There was also a mentor program for advancing technology for the record keeping and client contact tracking etc. Is that program available with this grant? It was to assist in information gathering but also client services.. I just wanted to give a shout out to having that available for those who are increasing the technology and want/need a mentor at the state through this process. It was a free of charge option for the facility serving the lower income populations.	This grant will include required technical assistance and peer collaborative meeting attendance that will provide continual guidance and support for setting up an integrated care model within practices. While this grant does not have a focus on advancing technology within offices, it most likely come up as a topic where providers can share experiences and look for guidance on technological fronts.						
Technical Assistance	Will there be opportunities for revisions or corrections to the grant application should further information be needed?	If new guidance comes from the state team, all applicants will be notified and allowed to amend their application. Prior to the due date, any team can reach out to amend their application. After the application closes, there will be no room to amend during the competitive selection process.						
Technical Assistance	Health Team works sent an email that says they can help with the application process. In the email it says the deadline will be April 26 2023 is that correct?	No private vendors were partnered with by the state office to provide assistance to applicants. Proceed with caution. Please review the Integrated Care website to review grant timeline.						
NEW 3/31/2023								
Allowable Expense	Our current EHR is prohibitive in many respects and we have been in talks [to change our system]. This would afford a number of huge improvements for us including better coordination of care for our entire population, access to specialist consultations and referrals, a patient portal for more direct patient access to medical records and reports, online scheduling for appointments including behavioral health (which promises to greatly simplify scheduling for patients and expand access to care) and give us a much broader reporting capability to assist with alternative payment model metric data gathering. This breaking down of the silos of care is one of our primary goals.	Per HB22.1302, funding may not be used to cover costs associated with ongoing or existing electronic health records (EHR). It can be used for EHR improvements specifically related to new integrated behavioral health programming, and privacy standards. An application that includes a proposal to use funding for EHR improvement should describe specifically how this funding is used to support new integrated behavioral health programs.						
Allowable Expense	I am currently applying to learn Eastern Medicine acupuncture with the intent to integrate this into our pediatric practice. After review of the Bill and the FAQ sheet I think this fits under the umbrella of integrated behavioral health care. I am hopeful I can work with you to write this into our proposal - request for funding for my education and integration and delivery in our pediatric practice. Will you let me know your initial thoughts on this?	Allowable costs and activities are described in detail in the upcoming Request for Applications (RFA). Each project must describe how their work fits within an approved model of integrated behavioral health care. The models are described in detail in Section V. While acupuncture could be a tool used within a model by a team, the project proposed must fit the definition of integrated care and be provided within an approved care model.						
Definition/Terminology	How are you defining "alternative payment models"? What are "population-based payments"? What is "Workforce capacity building"? How is data exchange/integration defined? What is the BH6 code?	1) Alternative payment models are payment approaches offered by a payer to support high quality cost-efficient care through incentives and payment arrangements that are not strictly fee-for-service. An example for primary care providers in Colorado is APM2. 2) Population based payments are a tool used within certain alternative payments models. Payments are made to a practice in advance from a payer to provide care for a population usually defined by a common feature like a diagnosis 3) Workforce capacity building efforts in this grant program are aspects of a program that are designed to recruit, train, and retain members of the behavioral health care workforce 4) Data exchange and Integration efforts within a project are aspects of a program that are designed to improve the ways in which a practice collects, analyzes, and uses patient data to support their work. 5) The reference to the BH6 codes was removed from the RFA, we apologize for the jargon. This is another name for some of the codes that support the short term behavioral health services benefit.						
Funding	Regarding the five sites per application, are there implications for submitting multiple applications so that we can effectively apply for six sites? Can you help us better understand how we can better expand services to align with the project requirements? Specifically, we have new positions that are unfilled. Staffing these positions would enable our sites to expand our integrated behavioral health services. Could we use grant funds to support these positions if we are able to fill them?	Each application can include proposed work at 5 clinical sites. If an organization would like to apply for funding at more than 5 sites, they are permitted to submit multiple applications. Each application will be evaluated separately on its merits. Regarding your question about using grant funds to support new positions, the RFA has details about allowable costs as they apply to personnel costs.						
Funding	I am currently working on the budget section of our Integrated Care Grant application, and one of the line items we are requesting is for our behavioral health provider to attend two professional development trainings. I am wondering which budget category would best encompass this (I currently have it under supplies)?	Thank you for your question! We look forward to receiving your application. This is dependant on your agency and contract requirements. If you consider it a 'supply' it will be required to be reviewed under the capital expenditure guidelines. This could be ok if the training is under \$10,000/employee. If you contract with a training agency, it will place it under the contractual budget line.						
Allowable Expense	Many insurances cover psychiatric services so if we were to request funding for a subscription to remote psychiatry support, could we only ask for funding for the nonbillable portion of the cost? Do you have a suggestion for how we would determine this cost?	If a clinician of billable staff is providing billable services to a patient, they cannot bill the grant for the same portion of time. We anticipate that grantees will approach using grant funding to support expansion of telepsychiatry services in different ways. For examples of allowable costs please see the RFA for additional details. We can imagine a grantee using grant funding to train staff members on how to use the telepsychiatry services, marketing of the new service to patients, and/or support for non-billable time in provider to provider consultations.						
NEW 4/7								

Topic of Question	Question	Answer						
Allowable Expense	<p>Under allowable costs, the RFA states that clinical staff can bill non-billable time to the grant. Am I reading this correctly that the grant will support 75% of non-billable clinician time for Y1, then 40% and 20% in Y2 and Y3? Then if that same clinician is engaged in a grant activity that is NOT a clinical service, that time can be 100% supported (for our project this might include training, workflow development, building a resource database).</p> <p>If I understand the details correctly, can you clarify how care navigation/care coordination services are categorized in this grant? Specifically care coordination for behavioral health needs. Would this be considered a clinical/billable service (when not using the collaborative care model)? Or would this be considered a new service not currently reimbursable?</p> <p>Finally, as a behavioral health group we will not be an applicant for this grant. However, it is possible we might be a partner (contractor) on more than 1 application. Would that be allowable?</p>	<p>Yes, you are reading correctly that the grant will allow up to 75% staff reimbursement for year 1 of employment, 40% in year 2 of employment, and 20% in year 3 of employment. Per the RFA, program staff that are not providing clinical services, such as marketing, training, policy development, project management, IT, community partnerships etc, may be billed entirely as program expenses. Care navigation services for most organizations is anticipated to fall under "program staff." Regarding partnerships, 5 clinical sites are allowed per application. Partnerships are certainly allowed and encouraged between behavioral health partners and primary care organizations.</p>						
Allowable Expense	<p>We are planning on using the PCBH model. We are a private rural provider based network who serves a diverse and rural pediatric population and plan on hiring a therapist to be in the clinic full time who specializes in children. I am referencing the below portions of the grant: -Any clinical or billable staff cannot bill the grant for any time/services that can be billed to Medicaid, commercial or other payer. All practices must bill for any Medicaid allowable service. -For any staff needed to expand integrated care capacity, any non-billable time can be billed to the grant. The grant will allow up to 75% staff reimbursement for year 1 of employment, 40% in year 2 of employment, and 20% in year 3 of employment. -If a clinician or billable staff is providing billable services to a Medicaid member, they cannot bill the grant for the same portion of time. I want to make sure I am understanding correctly. I can bill Medicaid for the therapist services. Only 75%, 40%, and 20% of the therapist salary can come from grant money. Correct?</p>	<p>Thank you for reaching out. Yes, absolutely the billing providers should bill Medicaid/other payers for their billable services. Recognizing that these billable services may not support the new staff immediately as the project launches, the grant can be billed for up to 75% staff reimbursement for year 1 of employment, 40% in year 2 of employment, and 20% in year 3 of employment.</p>						
Funding	<p>Does that mean that an entity can only accept one ARPA funded award from one source period? OR if an entity applies for two separate grants funded by ARPA and there are separate activities in each grant, would it be allowed to accept both grants?</p>	<p>We look forward to your application! An entity can have multiple ARPA awards, but the awards must support completely separate work in order to eliminate the chance of duplicative use of funds. Per the RFA, organizations/providers may only request funding for activities once via one federal stimulus funding (examples include HCBS ARPA grant and grants from the Behavioral Health Administration). If your team requests services through this fund, your team will be asked to provide any awarded information from HCBS ARPA grants such as Dollars to Digitize, Transition Grants, Establish a Training Fund and other state funding sources. We'll ask for that information in order to make sure the ARPA awards are funding separate work/different activities.</p>						
Allowable Expense	<p>Could someone please provide clarification around the matching component to this grant? If a hospital affiliated practice with under 10% profit is interested in applying for this grant to expand BH services in a primary care setting by hiring a new FTE to support this work, and say the S&B for this particular position was \$90k that means our practice would have to put forth \$24,750 towards this position? And if this position was hired over a span of 3 years (with a sustainability plan in place once the grant is done), how then is the money awarded? All at once or over the course of the 3 years?</p>	<p>Due to the short nature of this grant, personnel costs may be included as well as fringe benefits with a strong sustainability plan in place. If your team chooses to submit a request to bring on a new personnel- the grant will allow the first 12 months of employment at 100% funding, 13-24 months at 50% funding, and 25-42 months at 25%. Regarding the cost matching requirement, hospital owned/affiliated practices that report less than 10% total profit (see RFA for details) are required to demonstrate a cost match of 25% for their entire budget proposal. Grant money over the course of the life of the grant (not all up front).</p>						
Funding	<p>Our group is looking at applying for the BH Integration Grant. Currently, our practice has received funding from a different organization to our expand our BH services. That funding is for 2023 and there is the possibility of applying and receiving this funding in 2024 but we have not been awarded any funding for 2024, only for 2023. Can we still apply for this grant?</p>	<p>That's a tough one because future funding is never guaranteed when applying for grants! You can certainly apply for the BH Integration grant, as well as the current grant if you can do it such a way that two funding sources would SUPPLEMENT each other rather than replace one. Would it increase staff levels, increase services, etc.? Then it could work as long as you keep proper documentation (such as time and effort) to clearly demonstrate that you aren't supplanting</p>						