

**GIFA 24-09 Integrated Health Solutions
Questions and Answers 2025.01.17**

All questions must be emailed to the Department of Drug and Alcohol Programs (DDAP) Grants Management Account at RA-DAGrantsMgmt@PA.GOV.

ID	GIFA 24-09 Integrated Health Solutions Question and Answer
1	<p>Is an FQHC eligible to apply for an Integrated Health Solutions 24-09 grant? We have a long standing integrated behavioral health, MOUD, and physical health care program and are currently recipients of a HRSA Behavioral Health Service Expansion grant and sub-recipients of a five-year SAMHSA grant, “Promoting the Integration of Primary and Behavioral Health Care: Collaborative Care Model.” Do either or both of these have any effect on our eligibility for this new grant opportunity?</p> <p>The eligibility section of the GIFA announcement states:</p> <p>Applicants must be primary physical health care providers, hospitals, rural health centers, or federally qualified health clinics. These organizations should have experience and expertise in addressing substance use disorder (SUD), opioid use disorder (OUD) or work with community-based providers that have this experience and expertise and must have a desire to provide integrated care that addresses both behavioral health care and primary physical health needs.</p> <p>This integrated care can focus on the Collaborative Care Model (CoCM). The CoCM is an evidence-based, integrated care approach that addresses substance use conditions in primary care settings. Care is provided by a primary care team that includes a case manager, behavioral health professionals, and a consulting doctor with a specialty in addiction.</p> <p>Applicants can also choose another evidence-based integrated care model. Applicants cannot be involved in a current integrated behavioral health and physical health implementation project.</p> <p>Single County Authorities (SCAs) are <u>not eligible</u> to be the primary applicant under this funding announcement but may partner with one of the physical health providers mentioned above.</p> <p>Department of Drug and Alcohol Programs (DDAP)- licensed treatment providers are <u>not eligible</u> to be the primary applicant under this funding announcement but may partner with one of the physical health providers mentioned above.</p>
2	<p>Would a Center of Excellence (COE) for Opioid Use disorder that is connected to a primary care disqualify primary/organization from applying for this grant? Is it considered a current integrated behavioral health implementation project?</p>

**GIFA 24-09 Integrated Health Solutions
Questions and Answers 2025.01.17**

All questions must be emailed to the Department of Drug and Alcohol Programs (DDAP) Grants
Management Account at
RA-DAGrantsMgmt@PA.GOV.

ID	GIFA 24-09 Integrated Health Solutions Question and Answer
	<p>No, a physically co-located OUD and COE would not be considered an integrated behavioral health project.</p> <p>Please see question 1 above.</p>
3	<p>Can applicants engaged in existing integration projects still be eligible if funds are used to support practice locations that are not currently providing integrated behavioral health services?</p> <p>No. Please see question 1 above.</p>
4	<p>Will applicants be prohibited from applying for future, other behavioral health integration funding if they are awarded funding from DDAP?</p> <p>Being a current GIFA grantee may or may not disqualify applicants from future DDAP grants as eligibility is unique to each GIFA.</p>
5	<p>Are applicants who are awarded funding from DDAP permitted to coordinate activities with other state-wide physical health/behavioral health initiatives?</p> <p>Coordination would be permitted however, per the Eligibility section, "Applicants cannot be involved in a current integrated behavioral health and physical health implementation project."</p> <p>Please see question 1 above.</p>
6	<p>The grant says, "Applicants cannot be involved in a current integrated behavioral health and physical health implementation project". If an organization is not involved in a "current integration implementation project" because some form of integration (i.e.- PCBH) is fully implemented/ already care as usual, can the organization apply to add a different model of integration (i.e.- CoCM) to complement existing integrated care work and fill specific gaps?</p> <p>No.</p> <p>Please see question 1 above.</p>

**GIFA 24-09 Integrated Health Solutions
Questions and Answers 2025.01.17**

All questions must be emailed to the Department of Drug and Alcohol Programs (DDAP) Grants Management Account at RA-DAGrantsMgmt@PA.GOV.

ID	GIFA 24-09 Integrated Health Solutions Question and Answer
7	<p>Can FQHCs designated as COE apply?</p> <p>Please see question 1 above.</p>
8	<p>Would a Medically monitored detox center with an attached residential facility for drug and alcohol qualify for this grant?</p> <p>No. Department of Drug and Alcohol Programs (DDAP)- licensed treatment providers are <u>not eligible</u> to be the primary applicant under this funding announcement but may partner with one of the physical health providers mentioned above.</p>
9	<p>Under “Eligible Applicants” it states that “Applicants cannot be involved in a current integrated behavioral health and physical health implementation project.” As an FQHC-LAL that is currently a sub awardee under a SAMHSA grant awarded to OHMSAS/ UPMC for integration work focused on collaborative care model (CoCM) work for 3 of our 15 clinics, does this disqualify us for applying for the remaining 12 clinics? It is our understanding that the source of funding would not preclude TWCCCH from applying for the clinics that are not included in the OHMSAS/UPMC project.</p> <p>Should the answer to #1 above be that we may apply for the currently uninvolved clinics, would the awarding of DDAP funding under this GIFA further preclude the earning of any additional awards to support integrated care work?</p> <p>Applicants cannot be involved in a current integrated behavioral health and physical health implementation project. If an Applicant has a clinic involved in a current integrated behavioral health and physical health implementation project then the other clinics would not be eligible.</p>
10	<p>May an eligible applicant partner with multiple SCAs across several counties, as our service area crosses multiple SCA served regions?</p> <p>Yes.</p>

**GIFA 24-09 Integrated Health Solutions
Questions and Answers 2025.01.17**

All questions must be emailed to the Department of Drug and Alcohol Programs (DDAP) Grants Management Account at RA-DAGrantsMgmt@PA.GOV.

ID	GIFA 24-09 Integrated Health Solutions Question and Answer
11	<p>Regarding the requirement that the integrated team must include a consulting physician with a specialty in addiction - are qualifying patients then required to have co-occurring physical health and addiction issues, addiction issues and mental health diagnoses, or a multimorbid patient who has been diagnosed with all 3?</p> <p>Below is a list of eligible integrated health activities. Applicants may propose to use funds for the following activities:</p> <ul style="list-style-type: none"> a. Support the delivery of integrated care through cloud-based systems, or remote support of integrated care functions, such as expert consultation on the delivery of integrated behavioral or primary health care, care management, recovery support services, or support for stepped care protocols. b. Pay for one-time costs that will support the integrated care program (e.g., standing up shared team resources, establishing clinical workflows, policy development, initial engagement to establish relationships across care providers). c. Conduct networking activities and technical assistance to support integrated care providers. d. Support co-location of services to facilitate the delivery of integrated care. e. Development of protocols to prescribe medications for opioid and alcohol use disorders, in the integrated care settings regardless of populations of focus identified in the integration project plan. f. Construction upgrades and remodeling. <p>This GIFA is to support the co-location of services to facilitate the delivery of integrated care. This project is not paying for the actual treatment services being provided and the insurance organization that is paying for the treatment services would be able to answer the above question.</p>
12	<p>If a care team is led by a physician who is boarded in Addiction Medicine, and the integration needed is the inclusion of an MH/BH specialist (therapist), would that be sufficient to meet the program requirements?</p> <p>Please see question 11 above.</p>

**GIFA 24-09 Integrated Health Solutions
Questions and Answers 2025.01.17**

All questions must be emailed to the Department of Drug and Alcohol Programs (DDAP) Grants Management Account at RA-DAGrantsMgmt@PA.GOV.

ID	GIFA 24-09 Integrated Health Solutions Question and Answer
13	<p>Regarding 5.d.iv: How is DDAP defining rural and underserved for this FA? According to the state (https://www.rural.pa.gov/data/rural-urban-definitions.cfm) Wyoming County, for example, is considered rural. Is this the definition DDAP is employing?</p> <p>For this GIFA, DDAP is defining rural areas as “census tracts with Road Ruggedness Scale (RRS) with a RRS 5 (Highly Rugged) and Rural Urban Commuting Area (RUCA) codes 2-3 that are at least 20 square miles in area in metropolitan counties.” This also incorporates a technical clarification to retain population size differences in Census Bureau-defined urban areas.</p> <p>The updated definition includes geographic areas meeting any one, or more, of the following criteria:</p> <ul style="list-style-type: none"> (1) Non-metropolitan counties (2) Outlying metropolitan counties with no population from an urban area of 50,000 or more people (3) Census tracts with RUCA codes 4-10 in metropolitan counties (4) Census tracts of at least 400 square miles in area with population density of 35 or less per square mile with RUCA codes 2-3 in metropolitan counties (5) Census tracts with RRS 5 and RUCA codes 2-3 that are at least 20 square miles in area in metropolitan counties <p>Based on 2020 Census data, Federal Office of Rural Health Policy considers 20.3% of the population (62.8 million people) and 87.4% of the land area of the country to be rural.</p> <p>In addition, underserved/underrepresented include populations such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer persons; persons with disabilities; persons who live in rural areas; older adults; and persons otherwise adversely affected by persistent poverty or inequality.</p>
14	<p>Regarding the data reporting:</p> <ul style="list-style-type: none"> a. the only requirements listed are related to behavioral health. What is the data reporting requirement for physical health and/ or addiction? b. How is DDAP defining “Functioning of the individual?” c. How frequently will data reporting be required?

**GIFA 24-09 Integrated Health Solutions
Questions and Answers 2025.01.17**

All questions must be emailed to the Department of Drug and Alcohol Programs (DDAP) Grants
Management Account at
RA-DAGrantsMgmt@PA.GOV.

ID	GIFA 24-09 Integrated Health Solutions Question and Answer
	<p>Answer a: Section 9 Reporting Requirements on page 12 of the GIFA list out the information to be collected.</p> <p>Answer b: General assessment of the individuals within the project.</p> <p>Answer c: Data will be reported both monthly and on an annual basis.</p>
15	<p>Are funded projects able to include staff and research support for the data to evidence options for Medicaid integrated care codes or alternative payment models?</p> <p>Please see question 11 above.</p>
16	<p>I'm writing for clarification on the following:</p> <p>a. Page 4, Application Format; Can someone provide me with acceptable margins for the submitted pdf document.</p> <p>b. Page 9, Project Sustainability; Letters of Support are requested, will these count against the page limits? Also, should they be attached to the application pdf or submitted in a different manner?</p> <p>c. Page 9, Eligible Project Activities and Expenses; No salary cap is mentioned, should a cap be used when preparing our budget.</p> <p>Answer a: One inch on all sides (top, bottom, left and right).</p> <p>Answer b: Under "Application Format" on page 4: Applicant Cover Page, Project Evaluation Plan Template, Budget Template, Appendix, C are not counted in the page limit. Applications must include only two separate documents, a PDF file and an Excel file.</p> <p>Answer c: No salary cap is provided in the GIFA Application.</p>
17	<p>In order to be eligible for this funding must an organization be starting a new integrated health services program or can funding be used to support an existing integrated health program?</p> <p>Please see question 5 above.</p>

**GIFA 24-09 Integrated Health Solutions
Questions and Answers 2025.01.17**

All questions must be emailed to the Department of Drug and Alcohol Programs (DDAP) Grants
Management Account at
RA-DAGrantsMgmt@PA.GOV.

ID	GIFA 24-09 Integrated Health Solutions Question and Answer
18	<p>Does the physician specialty in addiction require that the physician be boarded in Addiction Medicine, or does documentation of prior waiver training for, and ongoing active practice of, MAT for SUD suffice?</p> <p>The consulting physician does not have to be board certified in Addiction Medicine. The consulting physician should have experience in addressing SUD and OUD.</p>