

UNIFORM NOTICE FOR FUNDING OPPORTUNITY (NOFO)

Summary Information

	Data Field	
1.	Awarding Agency Name:	Illinois Department of Healthcare and Family Services
2.	Agency Contact:	Kristine Herman, HFS.BBH@illinois.gov , +1-217-557-1000
3.	Announcement Type:	<input checked="" type="checkbox"/> Initial announcement <input type="checkbox"/> Modification of a previous announcement
4.	Type of Assistance Instrument:	Grant
5.	Funding Opportunity Number:	Required if this number was assigned by the funding entity
6.	Funding Opportunity Title:	New Behavioral Health Clinic / Community Mental Health Center for Underserved Areas
7.	CSFA Number:	To be provided
8.	CSFA Popular Name:	To be provided
9.	Assistance Listing (formerly CFDA Number):	93.778
10.	Anticipated Number of Awards:	Initiative 1: 40 - 200 Initiative 2: 50 - 500
11.	Estimated Total Program Funding:	\$25,000,000
12.	Award Range	Initiative 1: \$100,000 - \$3,000,000 Initiative 2: \$10,000 - \$1,000,000
13.	Source of Funding:	<input checked="" type="checkbox"/> Federal or Federal pass-through <input type="checkbox"/> State <input type="checkbox"/> Private / other funding Mark all that apply
14.	Cost Sharing or Matching Requirement:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Indirect Costs Allowed Restrictions on Indirect Costs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide the citation governing the restriction:
16.	Posted Date:	February 1, 2024
17.	Application Range:	Applications will be accepted from February 1, 2024 through March 31, 2024.
18.	Technical Assistance Session:	Session Offered: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Session Mandatory: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NOFO Supplemental (Agency-specific content for the NOFO)

A. Program Description

The Illinois Department of Healthcare and Family Services (HFS) is issuing this Notice of Funding Opportunity (NOFO) to solicit applications for funding from providers who are interested in expanding access to Medicaid-covered community based behavioral health services across the State of Illinois.

The American Rescue Plan Act of 2021 (ARPA) provided qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) provided between April 1, 2021, and March 31, 2022. Under ARP section 9817, states must use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. Additionally, states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

In accordance with these APRA requirements, HFS is releasing this NOFO to obtain funding applications to support the implementation of Medicaid-covered community-based behavioral health services, with an emphasis on enhancing access to services in underserved areas and to intensive and team-based behavioral health services. This NOFO is targeted toward providers who are interested in one or more of the following opportunities: 1) opening new Behavioral Health Clinic (BHC) or new Community Mental Health Center (CMHC) sites in underserved areas of the state (see attachment X); and 2) existing CMHC or BHC sites who want to expand the Medicaid Community-Based Behavioral Services (CBS) they offer, with an emphasis on expanding access to intensive and team-based services such as Assertive Community Treatment (ACT), Community Support Team (CST), Violence Prevention Community Support Team (VP-CST), and the community-based services under the Pathways to Success program (limited to Respite, Therapeutic Mentoring, Family Peer Support, and Intensive Home-Based).

B. Funding Information

This award is utilizing federal funds. Funds will be issued pursuant to a grant agreement.

The New Behavioral Health Clinic / Community Mental Health Center for Underserved Areas program includes \$25,000,000 of total available funding under two distinct initiatives:

1. **Initiative 1:** \$15,000,000 to support the opening of new Behavioral Health Clinic (BHC) or new Community Mental Health Center (CMHC) sites in the state.
 - a. Award Range: \$100,000 - \$3,000,000
2. **Initiative 2:** \$10,000,000 to support existing CMHC or BHC sites who want to expand the Medicaid Community-Based Behavioral Services (CBS) they offer, with an emphasis on expanding access to intensive and team-based services.
 - a. Award Range: \$10,000 - \$1,000,000

The funding opportunity is open and available to both existing and new Medicaid providers. Entities may submit a single application for this funding opportunity but should clearly outline the opportunity(ies) for which the applicant is seeking funding.

This is a new, one-time program. Applications will be accepted for sixty (60) calendar days from the date of the posting of this NOFO. This is a competitive program. Applications will be reviewed and scored by HFS utilizing the criteria outlined below. Grants will be awarded to the highest scoring applicants within each initiative, taking into consideration geographic distribution of proposed NOFO

Updated 01/2024

service locations indicated in the application, until available funds are exhausted. All grant awards made under this program are contingent upon and subject to the availability of sufficient funds, and HFS may provide partial funding for an award, at the Department's discretion. HFS may terminate or suspend grants, in whole or in part, without penalty or further payment being required, if (i) sufficient funds for the grant have not been appropriated or otherwise made available to HFS by the State or the federal funding source, (ii) the Governor or Grantor reserves funds, or (iii) the Governor or HFS determines that funds will not or may not be available for payment. HFS will provide notice, in writing, to grantees of any such funding failure and its election to terminate or suspend grant agreements as soon as practicable.

Providers interested in applying for funding under this NOFO must complete the Uniform Grant Application and submit the completed document along with a written proposal that addresses how the applicant plans to meet the eligibility requirements, as detailed in this Section B and C of this NOFO. The proposal should be no more than 15 pages in length (not inclusive of any Attachments), double-spaced, with a standard font size (recommended Times New Roman in 12 point font, Calibri in 11 point font, or Arial in 10 point font). The proposal should minimally address:

1. Service area/location, population that the applicant wants to serve and the specific services to be offered.
2. Experience in providing mental health services to Medicaid-eligible populations including familiarity with person-centered and Family-Driven Care philosophies and experience in operating clinical programs based upon these values and principles.
3. Current or prior experience providing the services identified in the application. Please include the years of experience.
4. Familiarity with the Medicaid-eligible population in the service area identified in the application.
5. Detailed description regarding how each service will be implemented according to the service definition included in Rule 140, Rule 141, the CBS Handbook, and other HFS policy guidance.
6. Strategies for engaging customers, particularly children and families, in services, addressing how the applicant will partner with family advocates, Family Peer Supporters, youth advocates and peer providers, and customers to promote and embed Family Driven Care principles within their operations.
7. Plan for ongoing community engagement and outreach.
8. For existing providers, please include experience with and capacity to submit claims for reimbursement directly to HFS and MCOs for the services described herein, including the applicant's current billing rejection rates across Medicaid payers for other sites in operation. For new providers, please explain the process that will be used to develop capacity to submit claims.
9. A proposed staffing plan that demonstrates how the applicant proposes to staff for each of the services identified in the application.
10. A proposed training plan including timelines for completing HFS' training requirements for applicable services identified in the application.

11. A detailed budget and budget narrative indicating the total amount of dollars requested by the applicant.
12. A detailed spending plan indicating the expected timeline for expenditure of funds before March 2025.

For existing providers who are applying under Initiative 2, the following additional attachments are required:

Attachment I – Medicaid Certification Letter

A copy of the applicant’s current Medicaid certification letter confirming the applicant’s status as a certified Community Mental Health Center or Behavioral Health Clinic.

Attachment III – Training Plan

Applicants shall supply a detailed training plan, including timelines for completing the training requirements with new staff upon hire and retraining all staff on an annual basis.

C. Eligibility Information

Eligible Applicants

To be considered an eligible applicant pursuant to this NOFO, providers must meet the following minimum requirements. HFS intends to perform an eligibility assessment on all submitted applicants and applications. Applicants and applications which fail to meet these minimum requirements will be denied and their application will not be scored.

Entities may submit only one application per initiative, with a maximum of two applications per entity. Applicants may submit a single application if applying for both initiatives.

All entities who wish to apply under this NOFO must register and be pre-qualified through the Grant Accountability and Transparency Act (GATA) Grantee Portal, www.grants.illinois.gov/portal. Registration and pre-qualification are required annually. During pre-qualification, verifications are performed including a check of federal SAM.gov Exclusion List and status on the Illinois Stop Payment List. The Grantee Portal alerts the entity alerts of “qualified” status or informs how to remediate a negative verification (e.g., missing UEI- Unique Entity Identifier assigned in sam.gov, not in good standing with the Secretary of State). Inclusion on the SAM.gov Exclusion List cannot be remediated.

Initiative 1

1. Applicant is not currently debarred from receiving federal funds.
2. Applicant has not been previously enrolled in HFS’ IMPACT enrollment system and had their enrollment terminated for cause.
3. Applicant is either:
 - a. Requesting funds to establish a new BHC or CMHC, meaning that the applicant does not already have a BHC or CMHC enrolled through HFS’ IMPACT provider enrollment system; or,
 - b. Requesting funds to establish a new BHC or CMHC site, meaning the provider has

- other BHC or CMHC sites already enrolled in the IMPACT provider enrollment system,
4. Applicant identifies a specific service area where the new BHC or CMHC site will be established.
 5. Applicant identifies specific services that will be provided by the new BHC or CMHC site.
 6. Applicant provides a confirmatory statement(s) that:
 - a. the newly established BHC or CMHC site will be enrolled in HFS' Provider Enrollment System known as IMPACT,
 - b. all required provider and/or program approvals for the new BHC or CMHC site will be fully completed within eight months of receiving the grant award,
 - c. applicant will operate the CMHC, BHC and new services in accordance with applicable standards in Rule 132 (CMHC Certification Requirements only), all applicable sections of Rule 140, all applicable sections of Rule 141, all requirements of the Community-Based Behavioral Services and other HFS policy guidelines,
 - d. applicant agrees to maintain CMHC, BHC or new service operations for a period of 36 months after receiving the notification of grant award,
 - e. applicant agrees to coordinate service implementation and fully collaborate with the Care Coordination and Support Organization in their Designated Service Area for any youth receiving services by that organization,
 - f. applicant will work in good faith with all MCOs to execute provider network agreements to offer services for each MCOs enrollees, and
 - g. applicant organization is currently financially sound and has long-term financial viability.

Initiative 2

1. Applicant is not currently debarred from receiving federal funds.
2. Applicant has a currently enrolled BHC or CMHC site in HFS' IMPACT enrollment system.
3. Applicant is requesting funds to implement new services at an existing BHC or CMHC.
4. Applicant identifies the specific provider site and specific new services to be implemented.
5. Applicant provides a confirmatory statement(s) that:
 - a. applicant agrees to modify the IMPACT enrollment for the specific provider site indicating the specific new services that are to be implemented,
 - b. applicant agrees to fully complete any required program approvals and/or trainings for the new services within 8 months of receiving the grant award,
 - c. applicant agrees to implement the new services in accordance with applicable standards in all applicable sections of Rule 140, all applicable sections of Rule 141, all requirements of the Community-Based Behavioral Services and other HFS policy guidelines,
 - d. applicant agrees to maintain new service operations for a period of 36 months,
 - e. applicant agrees to coordinate service implementation and fully collaborate with the Care Coordination and Support Organization in their Designated Service Area,
 - f. applicant will work in good faith with all MCOs to execute provider network agreements to offer services for each MCOs enrollees, and
 - g. applicant organization is currently financially sound and has long-term financial viability.

Cost Sharing or Matching. Cost sharing is not required,

Indirect Cost Rate. In order to charge indirect costs to a grant, the applicant organization must have an annually negotiated indirect cost rate agreement (NICRA). There are three types of NICRAs: a) Federally Negotiated Rate. Organizations that receive direct federal funding, may have an indirect cost rate that was negotiated with the Federal Cognizant Agency. Illinois will accept the federally negotiated rate. The organization must provide a copy of the federally NICRA. b) State Negotiated Rate. The organization may negotiate an indirect cost rate with the State of Illinois if they do not have a Federally Negotiated Rate. If an organization has not previously established an indirect cost rate, an indirect cost rate proposal must be submitted through State of Illinois' centralized indirect cost rate system no later than three months after receipt of a Notice of State Award (NOSA). If an organization previously established an indirect cost rate, the organization must annually submit a new indirect cost proposal through CARS within six months after the close of the grantee's fiscal year. c) De Minimis Rate. An organization that has never negotiated an indirect cost rate with the Federal Government of the State of Illinois is eligible to elect a de minimis rate of 10% of modified total direct cost (MTDC). Once established, the De Minimis Rate may be used indefinitely. The State of Illinois must verify the calculation of the MTDC annually in order to accept the De Minimis Rate. All grantees must complete an indirect cost rate negotiation or elect the De Minimis Rate to claim indirect costs. Indirect costs claimed without a negotiated rate or a De Minimis Rate election on record in the State of Illinois' centralized indirect cost rate system may be subject to disallowance.

Grantees have discretion not to claim payment for indirect costs. Grantees that elect not to claim indirect costs cannot be reimbursed for indirect costs. The organization must record an election to "Waive Indirect Costs" into the State of Illinois' centralized indirect cost rate system. Code of Federal Regulations / Title 2 - Grants and Agreements / Vol. 1 / 2014-01- 01191

D. Application and Submission Information

Content and Form of Application Submission.

Entities which wish to participate in this NOFO should email HFS at HFS.BBH@illinois.gov to express their interest. At a minimum, the email should include the name of your entity, the name, email address and phone number of the individual who will serve as your contact for your application and the specific service area/location and services for which your entity intends to apply. Once received, HFS will create an account for your contact in the HFS COVID-19 grant portal and send your contact instructions on accessing and utilizing their account. This account will be necessary to facilitate the submission of your application and receive notices regarding its review

Providers interested in applying for funding under this NOFO must complete the Uniform Grant Application and submit the completed document along with a written proposal that addresses how the applicant plans to meet the eligibility requirements, as detailed in this Section C and D of this NOFO. The proposal should be no more than 15 pages in length (not inclusive of any Attachments), double-spaced, with a standard font size (recommended Times New Roman in 12 point font, Calibri in 11 point font, or Arial in 10 point font). Applicants will submit one (1) original electronic copy to through the HFS COVID-19 grant portal.

The proposal should minimally include and address:

Requirements/Sections	Page #
Signed cover letter that includes, at a minimum, the name of the entity submitting the application, the initiative for which the application is being submitted, the specific service area/location and specific services at that location that the applicant wants to offer, and the name, email address and phone number of the individual who will serve as the primary contact for your application. If applicant is applying for Initiative 2, they must include current IMPACT enrollment information.	
Experience in providing mental health services to Medicaid-eligible populations including familiarity with person-centered and Family-Driven Care philosophies and experience in operating clinical programs based upon these values and principles	
Current or prior experience providing the services identified in the application. Please include the years of experience	
Familiarity with the Medicaid-eligible population in the service area identified in the application	
Detailed description regarding how each service will be implemented according to the service definition included in Rule 140, Rule 141, the CBS Handbook and other HFS policy guidance.	
Strategies for engaging customers, particularly children and families, in services, addressing how the applicant will partner with family advocates, Family Peer Supporters, youth advocates and peer providers, and customers to promote and embed Family Driven Care principles within their operations	
Plan for ongoing community engagement and outreach	
Experience with and capacity to submit claims for reimbursement directly to HFS and MCOs for the services described herein, including the applicant's current billing rejection rates across Medicaid payers for other sites in operation (if any)	
A proposed staffing plan that demonstrates how the applicant proposes to staff for each of the services identified in the application	
A proposed training plan including timelines for completing HFS' training requirements for applicable services identified in the application	
A detailed budget and budget narrative indicating the total amount of dollars requested by the applicant	
A detailed spending plan indicating the expected timeline for expenditure of funds before March 2025	
Additional items required for applicants applying for Initiative 2	
Attachment III - Medicaid Certification Letter	
Attachment IV - Training Plan	

Successful applicants will receive a Notice of State Award (NOSA), grant agreement and budget template through the HFS COVID-19 grants portal. Successful applicants will be required to execute and return the grant agreement and budget template. Funds will not be distributed to successful applicants until the grant agreement and budget template are returned.

Unique Entity Identifier (UEI) and registration in the System for Award Management (SAM). Each applicant (unless the applicant is an individual or Federal or State awarding agency that is exempt from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the Federal or State awarding agency under 2 CFR § 25.110(d)) is required to:

1. Be registered in SAM before submitting its application with a UEI assigned. To establish a SAM registration, go to www.SAM.gov.

2. Continue to maintain an active SAM registration with current information at all times during which it has an active Federal, Federal pass-through or State award or an application or plan under consideration by a Federal or State awarding agency. It also must state that the State awarding agency may not make a Federal pass-through or State award to an applicant until the applicant has complied with all applicable SAM requirements and, if an applicant has not fully complied with the requirements by the time the State awarding agency is ready to make a Federal pass-through or State award, the State awarding agency may determine that the applicant is not qualified to receive a Federal pass-through or State award and use that determination as a basis for making a Federal pass-through or State award to another applicant.

Submission Dates and Times.

Applications must be submitted by electronic means through the HFS COVID-19 grants portal at [Home \(illinois.gov\)](https://www.illinois.gov). Entities who are interested in submitting an application should first contact HFS at HFS.BBH@illinois.gov. Following the expression of interest, a contact and application record will be created by HFS to facilitate submission. Applicants will receive a notice via email with specific instructions for accessing the application record and submitting their application and form following account set up.

Entities who are interested in submitting an application must contact HFS at HFS.BBH@illinois.gov no later than March 15, 2024, 2024 at 12:00pm Central Standard Time.

Applications will be accepted prior to 12:00pm Central Standard Time on March 31, 2024. The HFS COVID-19 grants portal includes time stamps associated with submitted application documents.

Applications posted to the HFS COVID-19 grants portal with a time stamp prior to 12:00pm Central Standard Time on March 31, 2024 will be considered a timely submission.

Applications posted to the HFS COVID-19 grants portal with a time stamp after 12:00pm Central Standard Time on March 31, 2024 will be considered a late submission. Late submissions will not be accepted, reviewed or considered.

Applicants will receive an acknowledgement of receipt through the HFS COVID-19 grants portal.

Funding Restrictions

Funds awarded through grants resulting from this NOFO may only be spent on the following:

1. Establishing operations as a BHC, CMHC or provider of new services including the development of program policies and procedures;
2. Staff hiring/retention bonuses, other staff recruitment efforts;
3. One-time costs of establishing or refurbishing office space;
4. Staffing costs during implementation, including staff attending required trainings, until such time as staffing costs are supported by service rate reimbursement;

5. One-time costs for purchasing or upgrading technology for new staff;
6. Printing / marketing costs to develop materials to be used in communication with community partners and families about new office locations and services; and/or,
7. Other costs associated with implementation included in the application that are expressly approved by the Department.

Additionally, expenditures of funds are subject to Uniform Guidance Cost Principles, 2 CFR Part 200 Subpart E.

The State is not responsible for and will not pay any costs associated with the preparation and submission of applications or any other pre-award costs.

Other Submission Requirements.

Applications must be submitted by electronic means through the HFS COVID-19 grants portal at [Home \(illinois.gov\)](https://www.illinois.gov). Entities who are interested in submitting an application must first contact HFS at HFS.BBH@illinois.gov. Following the expression of interest, a contact and application record will be created by HFS to facilitate submission. Applicants will receive a notice via email with specific instructions for accessing the application record and submitting their application and form following account set up. Technical questions regarding the Department's COVID-19 grant portal or the completion of the application and other forms, budgets, or files required with the application can be directed to the HFS Support line from 7 a.m. to 5 p.m. CST, Monday through Friday at (866) 385-0600.

E. Application Review Information

Submitted applications will be reviewed for completeness, in accordance with items outlined in Section C of this NOFO and the scoring matrix outlined below under each initiative. Incomplete applications will not be evaluated as part of the selection process. Three (3) designated representatives will evaluate complete applications on responsiveness elements with maximum points allowed utilizing a standardized scoring sheet.

Cost sharing or matching is not required. As such, cost sharing will not be considered in the evaluation.

Initiative 1:

Responsiveness Elements	Maximum Points
Service area/location, population that the applicant wants to serve and the specific services to be offered.	15
Service area/location or target population is in an identified Health Professional Shortage Area (HPSA) by the Health Resources and Services Administration (HRSA).	35
Services identified are intensive or team-based services (including, but not limited to, ACT, CST and VP-CST).	15
Services identified include Pathways to Success services	25
Services identified include Applied Behavioral Services	5
Applicant is a minority controlled or minority owned organization	10
Experience in providing mental health services to Medicaid-eligible populations including familiarity with person-centered and Family-Driven Care philosophies and experience in operating clinical programs based upon these values and principles	5
Current or prior experience providing the services identified in the application. Please include the years of experience	5
Familiarity with the Medicaid-eligible population in the service area identified in the application	5
Detailed description regarding how each service will be implemented according to the service definition included in Rule	

140, Rule 141, the CBS Handbook and other HFS policy guidance.	15
Strategies for engaging customers, particularly children and families, in services, addressing how the applicant will partner with family advocates, Family Peer Supporters, youth advocates and peer providers, and customers to promote and embed Family Driven Care principles within their operations	10
Plan for ongoing community engagement and outreach	10
Experience with and capacity to submit claims for reimbursement directly to HFS and MCOs for the services described herein, including the applicant's current billing rejection rates across Medicaid payers for other sites in operation (if any)	5
A proposed staffing plan that demonstrates how the applicant proposes to staff for each of the services identified in the application.	10
A proposed training plan including timelines for completing HFS' training requirements for applicable services identified in the application	10
A detailed budget and budget narrative indicating the total amount of dollars requested by the applicant	10
A detailed spending plan indicating the expected timeline for expenditure of funds before March 2025	10
Total Responsiveness Points	200

Initiative 2:

Responsiveness Elements	Maximum Points
Service area/location, population that the applicant wants to serve and the specific services to be offered.	15
Service area/location or target population is in an identified Health Professional Shortage Area (HPSA) by the Health Resources	30

and Services Administration (HRSA).	
Services identified are intensive or team-based services (including but not limited to ACT, CST and VP-CST).	15
Services identified are Pathways to Success services	25
Services identified include Applied Behavioral Services	5
Applicant is a minority controlled or minority owned organization	10
Experience in providing mental health services to Medicaid-eligible populations including familiarity with person-centered and Family-Driven Care philosophies and experience in operating clinical programs based upon these values and principles	5
Current or prior experience providing the services identified in the application. Please include the years of experience	5
Familiarity with the Medicaid-eligible population in the service area identified in the application	5
Detailed description regarding how each service will be implemented according to the service definition included in Rule 140, Rule 141, the CBS Handbook and other HFS policy guidance.	15
Strategies for engaging customers, particularly children and families, in services, addressing how the applicant will partner with family advocates, Family Peer Supporters, youth advocates and peer providers, and customers to promote and embed Family Driven Care principles within their operations	15
Plan for ongoing community engagement and outreach	10
Experience with and capacity to submit claims for reimbursement directly to HFS and MCOs for the services described herein, including the applicant's current billing rejection rates across Medicaid payers for other sites in operation (if any)	10
A proposed staffing plan that demonstrates how the applicant proposes to staff for each of the services identified in the application.	5
A proposed training plan including timelines for completing HFS' training requirements for applicable services identified in the	5

application	
A detailed budget and budget narrative indicating the total amount of dollars requested by the applicant	10
A detailed spending plan indicating the expected timeline for expenditure of funds before March 2025	10
Medicaid Certification letter for site identified in application	5
Total Responsiveness Points	200

Anticipated Announcement and State Award Dates, if applicable.

Following the Application evaluation process, HFS will notify all applicants of the outcome of the application evaluation process by the close of business on May 1, 2024.

F. Award Administration Information

State Award Notices. Successful applicants will receive a NOSA which specifies the funding terms and specific conditions resulting from the pre-award risk assessments. The NOSA is not an authorization to begin performance or incur costs. The NOSA will be provided through the Illinois Department of Healthcare and Family Services (the Department) COVID-19 grant portal. The Department will create an account utilizing the name and email address of the grant contact identified by the successful applicant. Successful applicants can expect to receive a grant agreement and budget template which will need to be executed and completed prior to the issuance of any payments under the grant award.

Administrative and National Policy Requirements. The NOSA will specify the terms and conditions of the award. Such terms and conditions are expected to comply with the standard terms and conditions found in the Fiscal Year 2024 Illinois State Uniform Grant Agreement.

1. Reporting. Successful applicants who enter into a grant agreement with the Department will have the following reporting requirements:

- i. The Grantee shall provide monthly budget and staffing reports to HFS during the first six months of the period of performance of this subaward. The format of this monthly report shall follow a format prescribed by the Department.
- ii. The Grantee shall submit Quarterly Report no later than nine months from the start of the period of performance and quarterly thereafter. The format of this Quarterly Report shall follow a format prescribed by the Department. The Grantee is expected to include a report of actual expenditures and staffing details
- iii. The Grantee shall submit a Final Report. The format of this Final Report shall follow a format prescribed by the Department. Documentation to be submitted by the Grantee may include: receipts, invoices, proof of payment,

before and after pictures with timestamps, equipment serial numbers, vendor bids and contracts.

G. State Awarding Agency Contact(s)

The following methods of contact are available for applicants during the funding opportunity and for successful applicants:

1. Technical questions regarding the Department's COVID-19 grant portal or the completion of the application and other forms, budgets, or files required with the application can be directed to the HFS Support line from 7 a.m. to 5 p.m. CST, Monday through Friday at (866) 385-0600.
2. Technical questions regarding the Department's COVID-19 grant portal or the completion of the application and other forms, budgets, or files required with the application can also be asked using the portal comment feature on the COVID-19 grant portal.

H. Other Information, if applicable

This is a new program and one-time initiative.

Applicants who submit applications which contain proprietary information should submit a full and redacted version of the application which clearly identifies and redacts such proprietary information.

HFS is not obligated to make any award as a result of this announcement.

Definitions:

Care Coordination and Support Organization (CCSO): An entity responsible for delivering Care Coordination and Support services to Pathway to Success enrolled youth. CCSOs are also responsible for ensuring 24/7 Mobile Crisis Response coverage within their DSA.

Care Coordination and Support Organization Handbook: The handbook that governs and defines responsibilities of a CCSO for the Family Support Program (FSP), Pathways to Success program, Mobile Crisis Response services, Screening Assessment and Support Services (SASS) program, Specialized Family Support Program (SFSP), and the service requirements of Pathways to Success. The CCSO Handbook can be found on the HFS website:

<https://www2.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/Chapter200.aspx>.

Community-Based Behavioral Services (CBS) Handbook: A manual for providers of community-based behavioral health services that defines the policies, procedures, and service guidelines providers must adhere to in order to receive reimbursement from the Department. The CBS Handbook can be found on the HFS website:

<https://www2.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/Chapter200.aspx>.

Designated Service Area (DSA): A geographic region defined by HFS in which a CCSO is responsible for delivering services. A geographic breakdown of the DSAs can be found on the HFS website: <https://hfs.illinois.gov/medicalproviders/behavioral/sass/lan.html>

Health Professional Shortage Area (HPSA): A HPSA as defined by HRSA is an area, population or facility experiencing a shortage of health care services. For the purposes of this NOFO, the Department is using the geographic and population HPSAs for mental health services as found at the following links: [HPSA Definition](#); [HPSA Designations Tool](#)

Pathways to Success: Pathways to Success is a program for Medicaid enrolled children under the age of 21 in Illinois who have complex behavioral health needs and could benefit from additional support. The program provides access to an evidence-informed model of intensive care

coordination and additional home and community-based services. More information on Pathways to Success can be found at: [Pathways to Success Webpage](#).

Rule 132: [59 Illinois Administrative Code Rule 132](#)

Rule 140: [89 Illinois Administrative Code Rule 140](#)

Rule 141: [89 Illinois Administrative Code Rule 141](#)