**NCHIT 2022 RFA Virtual Behavioral Health Services Grant Program FAQ**

**This FAQ is built with questions from the Technical Assistance webinar we hosted about the grant program on June 22, 2022, and from emails we have received pre and post the webinar. We will update this document through July 22, 2022 (application deadline) within 24-48 hours so please check back often. \*\*\*If you are experiencing issues receiving your personalized link for the application, please reach out to us at** [**ORH\_HIT@dhhs.nc.gov**](mailto:ORH_HIT@dhhs.nc.gov)

**Q: If awarded, when would funding start?**

When the contract is fully executed – meaning all parties have signed the contract – you may request funds quarterly for related expenses incurred back to March 3, 2021 (if appropriate)

**Q: I see that the awards are non-recurring and there is also a timeframe for use of the funds.  Does this mean that if awarded, the funds could be used anytime in that timeframe (March 3, 2021 - December 31, 2024)?**

Yes, the funds must be allocated by December 31, 2024 but can be used for related expenses through December 31, 2026

**Q: I was wondering if NCHIT RFA 2022 Virtual Behavioral Health Services Grant Program is only for hospitals and if non-profit social services agencies can apply?**

To be eligible, your organization must be a North Carolina hospital: All North Carolina-based hospitals with behavioral health programs that can be expanded to include virtual services in primary care settings, from home, or from another nonhospital setting are eligible to apply. Only one application per hospital system will be accepted.

**Q: Our hospital is in NC but some of our psychiatrists are out of state for the telehealth program. They connect to patients through our hospital telehealth software. Are they an eligible expense?**

Yes, the stipulation of “North Carolina” applies to the applying hospital and the sites and patients served.

**Q: Is an emergency room considered a "non-hospital site"?**

No, the purpose is to reach out to the community from the hospital.

**Q: How many awards are anticipated?**

The maximum award amount is $1,500,000 and the program has $10,000,000 to award. There will be at least 6 awards. More would depend on the award amount requested.

**Q: Are there any limitations on type of behavioral health care delivered (psychotherapy vs. medication management)? Any limitations on behavioral health diagnoses (for example, substance use disorders)? Limitations on age of patients?**

The session law does not identify any limitations on the type of behavioral health care delivered or the age of the patients.

**Q: Would a non-profit safety-net program connected with two hospitals qualify?**

No, only North Carolina based hospitals are eligible for this program.

**Q: Many current projects that I know of focus on Pscyh CoCM, where a psychiatrist is consulting with a community primary care provider about next steps - expanding the reach of psychiatric knowledge to primary care given the limited number of psychiatrists in the state. Can this proposal include this type of activity in addition to patient/psychiatrist visits and would it be viewed favorably? And how will ORH capture this type of activity for this project or is it only counting psychiatrist/patient contacts?**

In terms of reporting, report as much as you can. The triage approach would be acceptable. The more community support that you can include in the application will be the best option.

**Q: Letter of collaboration with MOA, is that for community partners and other health care centers?**

Each agency named in grant should provide a letter of support

**Q: Where will the slides and webinar recording be available?**

The slide deck and the webinar recording will be available on the DHHS ORH Grant Opportunities website at this link: <https://www.ncdhhs.gov/about/grant-opportunities/rural-health-grant-opportunities/nchit-rfa-2022-virtual-behavioral-health-services-grant-program>

It could take 24-48 hours after the webinar for these to be available.

**Q: Can hospitals work with their own clinics for this grant?**

Yes, in this case they do not need an MOU, since the clinic is the same organization as the hospital.

**Q: Can funds be used to provide telepsychiatry services (counseling/follow-up visits) from other behavioral health professionals such as LCSW, NPs, PAs certified in behavioral health? Or are the funds strictly for psychiatrist time only?**

Yes, at a minimum, telepsychiatry capabilities must facilitate patient access to hospital-based virtual telepsychiatry services from a primary care provider's office, from home, or from another nonhospital setting. The applicant must demonstrate ability to maintain patient safety and ensure continuity of care. To ensure patient safety and continuity of care, an applicant would include other behavioral health providers outside of advanced practice providers.