

Behavioral Health Integration FAQs

6.24.26

1. The online Behavioral Health Integration NOFO Application page does not have a section to upload required attachments. How will the applicant submit these required documents?
 - a. This has been corrected and the File Upload should be showing in the application process.
2. If an organization applied for a different RHTP grant that is still pending, and this Behavioral Health application -- or other future NOFOs -- could expand on the initial grant to avoid duplicative costs, how do we address this in the subsequent applications? For example, if a grant is awarded to build the program infrastructure and staffing for Chronic Disease or Rural Reorientation initiatives, and those resources could also be the foundation for Behavioral Health initiatives, less funding would be needed for the Behavioral Health budget request. But we may not know if the initial grant request was successful prior to the July 10 Behavioral Health application deadline. (The “supplemental” budget criteria does not appear to apply.) Should we approach each grant application / budget as a stand-alone request and then reduce it if the other grant funding is received? Or use the difference to expand the scope of the program proposal? Thank you in advance for your guidance.
 - a. You can apply for multiple funding opportunities, but applications should not be dependent on another RHTP NOFO for success of a project. It is recommended that you approach each NOFO as a stand-alone project request.
3. The NOFO states that funding must be expended by July 31, 2027 (page 5), while the Webinar Video (slide 10) states that the workplan and timeline should reflect plans through Sept. 30, 2027. Can you clarify these dates for consistency between the workplan and related budget expenditures?
 - a. The workplan and timeline should include phased implementation milestones with specific deliverables and dates, until July 31, 2027. All funds (outside of personnel, fringe and travel which must be expended by October 30, 2026) must be expended by July 31, 2027.
4. Lincoln County has existing treatment providers and referral pathways, but transportation barriers prevent many court-involved and high-risk individuals from consistently accessing MOUD, MAUD, counseling, and recovery services. Would a

transportation-enabled treatment engagement and retention model be considered a responsive Integrated/Alternative Care Delivery Model under this NOFO?

- a. Integrated/alternative care delivery models for MOUD and/or MAUD may include hub-and-spoke models, mobile units, or other telehealth-enabled approaches. Transportation could be a component of the model but should not be the focus. The Transportation Expansion program will be expanding access to transportation to care, currently available in SW Oklahoma, to all regions of the state.
5. Can organizations with a federally negotiated indirect cost rate agreement (NICRA) apply their approved rate?
 - a. Applicants with a federally negotiated indirect cost rate may apply it to the entirety of the modified total direct costs.
 - b. Costs for grant administration (e.g., grants management, compliance, fiscal oversight) are limited to five percent for award recipients. This should include all direct grant admin costs and a proportional share of indirect costs: $\text{Total grant admin} = \text{Direct costs for grant admin} + (\text{Direct costs for grant admin} * \text{Indirect Cost Rate})$
 6. Will there be a state or federal level technical assistance provider to grantees?
 - a. The RHTP program staff will provide specialized guidance as well as utilize our CMS Project Officers for programmatic guidance as needed. If Technical support will be needed to ensure a successful and timely **implementation for the** the proposed project, please include the role or contract service required in your project plan and budget.
 7. Can funds be used to incorporate pharmacies into OTPs?
 - a. This would be considered a Service delivery enablement (e.g., development of screening and referral workflows, mobile units).
 - b. Please refer to prohibited fund uses to ensure this would fit as the below are prohibited or restricted fund uses:
 - i. New construction, major building expansions, or renovations. Supplanting (replacing) funding for in-process or planned construction projects or directing funding towards new construction builds is also unallowable.
 - ii. Clinical services that duplicate billable services