

**Department of Health and Human Services
Substance Abuse and Mental Health Services
Administration**

**National All Schedules Prescription Electronic Reporting Act
of 2005 Program Grants**

(Short Title: NASPER)

(Initial Announcement)

Request for Applications (RFA) No. TI-11-F1

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.975

Key Dates:

Application Deadline	Applications are due by April 22, 2011.
Intergovernmental Review (E.O. 12372)	Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

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Executive Summary:

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2011 National All Schedules Prescription Electronic Reporting Act (NASPER) of 2005 Program grants. The purpose of this program is to provide funding to States and the District of Columbia for the establishment and implementation or improvement of a State controlled prescription monitoring program.

Funding Opportunity Title: National All Schedules Prescription Electronic Reporting Act of 2005 Program

Funding Opportunity Number: TI-11-F1

Due Date for Applications: April 22, 2011

Anticipated Total Available Funding: \$2 million

Estimated Number of Awards: Up to 51

Estimated Award Amount: \$21,593 - \$112,398 (Based on the assumption that all 50 States and the District of Columbia are approved for a NASPER grant; the award range will increase if fewer States apply.)

Cost Sharing/Match Required No

Length of Project Period: Up to 1 year

Eligible Applicants: Eligible applicants are the immediate office of the Chief Executive (e.g., Governor) in the States and the District of Columbia.

[See [Section III-1](#) of this RFA for complete eligibility information.]

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2011 National All Schedules Prescription Electronic Reporting Act (NASPER) of 2005 Program grants. The purpose of this program is to provide funding to States and the District of Columbia for the establishment and implementation or improvement of a State controlled prescription monitoring program.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA, in collaboration with other Federal agencies, States, Tribes, local organizations, and individuals including consumers and the recovery community, has demonstrated again and again in research and practice - prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health is an essential part of health service systems and community-wide strategies that work to improve health status and lower costs for families, businesses, and governments. Through continued improvement in the delivery and financing of prevention, treatment, and recovery support services, SAMHSA, with its partners, can advance and protect the Nation's health. In order to achieve this goal, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. The NASPER program addresses the Prevention of Substance Abuse and Mental Illness Strategic Initiative. One of the goals of this Initiative, which is consistent with the intent of NASPER, is to reduce prescription drug misuse and abuse through the education of current and future prescribers regarding appropriate prescribing practices for pain and other medications subject to abuse and misuse.

More information on SAMHSA's Strategic Initiatives is available at the SAMHSA web site: <http://www.samhsa.gov/About/strategy.aspx>.

NASPER program grants are authorized under 42 USC 280g-3 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-40.

2. EXPECTATIONS

The National All Schedules Prescription Electronic Reporting Act of 2005, enacted on August 11, 2005, created a formula grant program under the authority of the Secretary, Department of Health and Human Services (HHS), for State controlled prescription monitoring programs (PMPs). The intent of this authorization is to foster the establishment or enhancement of State-administered PMPs in order to ensure that health care providers have access to accurate, timely prescription history information.

In addition, the expansion and establishment of PMPs has the potential for assisting in the early identification of patients at risk for addiction.

NASPER establishes the authority for a grant program with the Secretary, HHS, where a State may submit an application to establish and implement a new controlled substance monitoring program or to make improvements to an existing State controlled monitoring program. In addition, the legislation includes provisions for standardization that will enable and require the sharing of information among States with programs. The State application for a grant must include measures to prevent unauthorized disclosures. This is important as State PMPs include patient health information on both individuals who receive and fill controlled substance prescriptions.

In order to satisfy the minimum requirements of NASPER, applicants who are applying to **improve** a State PMP must:

- Provide a budget cost estimate for establishment or enhancement of the PMP;
- Comply with established criteria for security for information handling and for the database maintained by the State;
- Provide an agreement to adopt health information interoperability standards, including health vocabulary and messaging standards;
- Establish criteria for meeting uniform electronic format requirements;
- Comply with established criteria for availability of information and limitation on access to program personnel;
- Comply with established criteria for access to the database, and procedures to ensure that information in the database is accurate;
- Comply with established criteria for the use and disclosure of information, including a description of the certification process to be applied to requests for information;
- Describe the penalties for the unauthorized use and disclosure of information maintained in the State PMP in violation of applicable State law or regulation;
- Provide assurances of compliance with all other requirements of NASPER or a Statement describing why such compliance is not feasible or is contrary to the best interests of public health in your State (See Appendix C of this RFA). This assurance must be provided in **Attachment 1** of your application; and
- Provide a plan that will enable the State PMP to achieve interoperability with at least one other State PMP. In addition, if a State PMP has not achieved interoperability with a geographically bordering State that is a NASPER PMP grantee at the time of application, the 2011 application must include a description of the manner in which the State PMP will achieve interoperability with the geographically bordering State.

Applicants who are applying to **establish and implement** a State PMP must address the first eight bullets above in addition to the following two bullets:

- Provide information on the relevant State laws, policies, and procedures, if any, regarding purging of information from the database; and
- Provide assurances of compliance with all other requirements of NASPER in **Attachment 1** of your application (See Appendix C of this RFA).

SAMHSA strongly encourages all grantees to provide a smoke-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

2.1 Database Requirements

State PMPs contain personal patient health information on both individuals who receive and fill controlled substance prescriptions and those who have had a controlled substance dispensed to them beyond a 48-hour supply. PMPs must collect identification information on prescribers and dispensers, as well as the types and quantities of the prescribed/dispensed substances. Security for information handling and for the database maintained by the State must be in place to prevent unauthorized access and disclosure of this information. Minimum requirements for the security of the database can be found in Appendix F.

To ensure the accuracy of the information in the database, **all** PMPs must adopt the 4.1 or higher version of the American Society for Automation in Pharmacy (ASAP) standard for electronic prescription formatting or, if legislation change must be made, provide documentation formally requesting legislation change or regulation amendment permitting the use of ASAP 4.1 or higher. This will help ensure that gross formatting errors in identification numbers, National Drug Codes (NDC), etc., are minimized. PMPs must also have a mechanism for correcting inaccuracies by physicians, pharmacists, patients, and others. As it would be difficult for PMP staff to determine data accuracy based on a telephone call or letter from a physician or patient, a mechanism must be in place to permit error corrections when notified by dispensers and prescribers.

2.2 Interoperability

States must adopt health information interoperability standards that are consistent with the Integrated Justice Information System's NIEM XML standard. In addition, States that are improving their existing PMP through the NASPER grant must also provide a plan on how to achieve interoperability with at least one other State PMP including geographically bordering States. If a State PMP has not achieved interoperability with a geographically bordering State that is a NASPER grantee at the time of application, include a description of the manner in which the State PMP will achieve interoperability with the geographically bordering State. A letter of agreement to adopt these standards must be included in **Attachment 2** of your application.

2.3 Reporting Requirements

States receiving NASPER grants must adopt the 4.1 or higher version of ASAP as the electronic format for reporting, sharing, and disclosure of information or, if legislation change must be made, provide documentation formally requesting legislation change or regulation amendment permitting the use of ASAP 4.1 or higher and must require dispensers to report to their State the following information:

- Drug Enforcement Administration (DEA) Registration Number (or other identifying number used in lieu of such Registration Number) of the dispenser;
- DEA Registration Number (or other identifying number used in lieu of such Registration Number) and name of the practitioner who prescribed the drug;
- Name and address of the ultimate user;
- Identification of the drug by a national drug code (NDC) number;
- Quantity dispensed;
- Number of refills ordered;
- Whether the drug was dispensed as a refill of a prescription or as a first-time request;
- Date of the dispensing;
- Date of origin of the prescription; and
- Other information as may be required by State law.

This information must be reported from the dispenser to the State after each dispensing of a controlled substance in the State to an ultimate user not later than 1 week after the date of dispensing. However, a State is not required to report this information in the following cases:

- The direct administration of a controlled substance to the body of an ultimate user
- The dispensing of a controlled substance in a quantity limited to an amount adequate to treat the ultimate user involved for 48 hours or less

If a State has an existing PMP that cannot comply with the above requirements, a statement must be provided in **Attachment 1** of your application detailing why such compliance is not feasible or is contrary to the best interests of public health in the State (See Appendix C of this RFA).

2.4 Use and Disclosure of Information

Disclosures from a State PMP are to be limited to purposes of public health and law enforcement. A State may voluntarily disclose information from the PMP only in response to a request from one of the following five entities^{1, 2}:

- A practitioner (or the agent thereof)
- Any local, State, or Federal law enforcement, narcotics control, licensure, disciplinary, or program authority
- The controlled substance monitoring program of another State or group of States with whom the State has established an interoperability agreement
- Any agent of HHS, a State Medicaid program, a State health department, or the DEA
- An agent of the State agency or entity of another State that is responsible for the establishment and maintenance of that State's PMP

The individual or entity requesting information from the PMP must be authorized ("authentication") to receive the information, and the authorized individual or entity must provide a need ("certification") for the requested information. Minimum requirements for authentication and certification can be found in Appendix G of this RFA.

SAMHSA recognizes that a number of States allow practitioners to enlist the assistance of agents who can retrieve patient information on behalf of the practitioner. Under the NASPER grant program, prescriber and dispenser sub-accounts are permissible; however, the master account holder (practitioner or dispenser) must be accountable for the sub-accounts, have a means to monitor the PMP activities of all sub-accounts (e.g., documenting access by sub-account holders, audit trails, etc.), and periodically verify that the sub-account holder is still under his/her supervision.

¹ Even though NASPER does not specifically designate disclosures to patients as a category for minimum requirements, State disclosure to patients would depend on whether there is a law that requires the State (as opposed to the dispensers) to disclose such information to the patients. If disclosure to the patient is permissible, the patient must submit a written notarized request with the name, address, phone number, and a copy of a Government issued photo identification. The request must be submitted in person.

² If there are requests for information from an authority other than the ones listed and such request is made to enable the authority to perform functions authorized by law, States may disclose the information consistent with NASPER and any other applicable laws.

In addition, States receiving a grant must establish a program to notify practitioners and dispensers of information that will help identify and prevent unlawful diversion or misuse of controlled substances. SAMHSA suggests that States provide unsolicited disclosures to prescribers and pharmacies when an individual has filled six or more controlled substance prescriptions of the same drug class, from six or more different prescribers, or, six or more different pharmacies in the State within a one-month period (i.e., “6/6/1 threshold”). PMPs should at least evaluate their data on a quarterly basis. Electronic reports and notifications are permissible and must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other confidentiality laws. For example, some States provide notifications to practitioners that do not contain patient health information, but instead request the practitioner to obtain a report. Notifications or reports must be sent to at least 5% of the registered prescribers and pharmacies in the State in one calendar year. In lieu of the “6/6/1 threshold” cited above, States may propose an alternate plan for unsolicited disclosures, but must also provide an evaluation plan demonstrating the effectiveness of the program, and must send notifications or reports to at least 5% of the prescribers and pharmacies in the State in one calendar year. A State PMP may, to the extent permitted under State law, notify the appropriate authorities responsible for carrying out drug diversion investigations if the State determines the information in their PMP database indicates unlawful diversion or abuse of a controlled substance.

Each PMP must have a Master Administrator, an individual with the responsibility of controlling and monitoring access to the PMP database. This individual has the responsibility for assigning usernames and passwords to those who are granted access to PMP data (both State employees and non-State employees who are certified to receive PMP data notices). In addition, the Master Administrator has the ability to maintain a log that accurately details those who have accessed and received data from the PMP database. This required log would need to detail who accessed the system, but not necessarily each record received. Background checks or security clearance must be conducted on the Master Administrator and any other individual with similar access to the database.

2.5 Advisory Council

A State may establish an advisory council to assist in the establishment, implementation, or improvement of a State PMP. In establishing this advisory council, a State should consult with appropriate professional boards and other interested parties. However, funds received under this grant cannot be used for the operations of the advisory council.

2.6 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results Act (GPRA). You must document your ability to collect and report the required data in “[Section K: Performance Assessment and Data](#)” of your application. A limited subset of the data

required in “Section I-2.3 Reporting Requirements” of this RFA will be collected in compliance with GPRA.

2.7 Performance Assessment

Grantees must periodically review the performance data they report to SAMHSA and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted at least quarterly.

Suggested areas for assessment include:

- Number and/or rates of licensed prescribers, dispensers, individuals authorized to conduct investigations, researchers, and other individuals of the State agency or entity of another State agency that were trained in the use of the State PMP;
- Number and/or rates of licensed prescribers and dispensers trained formally in coordinating and sharing data;
- Number and/or rates of reports generated for each type of requester (solicited and non-requester (unsolicited));
- Number and/or rates of individuals that filled six or more controlled substance prescriptions of the same drug class, from six or more prescribers, or, six or more pharmacies in a one-month period;
- The number of prescriptions (aggregate data) on schedule II, III, and IV by category (stimulants, narcotics, sedatives, tranquilizers);
- Number of new interoperability agreements with other State PMPs;
- Milestones and barriers (e.g., technical, legal, bureaucratic, etc.) of the PMP;
- Privacy protection issues encountered in the program; and
- Costs in establishment and/or operation of PMP.

2.8 Grantee Meetings

Grantees must plan to send a minimum of one person to at least one joint grantee meeting in each year of the grant. These meetings are usually held in the Washington, D.C., area.

II. AWARD INFORMATION

Funding Mechanism:	Grant
Anticipated Total Available Funding:	\$ 2 million
Estimated Award Amount³:	\$21,593 - \$112,398
Length of Project Period:	Up to 1 year

The allocation formula allots to each State approved for an award a minimum amount equal to 1 percent of the funds appropriated for grants. From the remaining funds, each State approved for an award will receive an additional amount that is proportional to the number of pharmacies in the State divided by the total number of pharmacies in all approved States.

If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate. For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).

Available funding for this program is subject to the enactment of a final budget for FY 2011 or an annualized Continuing Resolution (CR) for FY 2011. Funding estimates for this announcement are based on potential funding scenarios that reflect an annualized CR at the FY 2010 funding level but do not reflect final conference action on the 2011 budget. Applicants should be aware that SAMHSA cannot guarantee that sufficient funds will be appropriated to fully fund this program.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are the immediate office of the Chief Executive (e.g., Governor) in the States and the District of Columbia, that have **enacted** legislation or regulations that permit the following:

- Implementation of a State PMP; and
- Imposition of appropriate penalties for the unauthorized use and disclosure of information maintained in the program.

³ Based on the assumption that all States and the District of Columbia will be approved for a NASPER grant. In FY 2010, actual award amounts ranged from approximately \$40,047 to \$437,858.

NOTE: The aforementioned legislation or regulations must be enacted by the time of submission of this grant application.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match are not required in this program.

3. OTHER

You must comply with the following three requirements, or your application will be screened out and will not be reviewed: 1) use of the HHS 5161-1 application form; 2) application submission requirements in [Section IV-3](#) of this document; and 3) formatting requirements provided in [Appendix A](#) of this document.

IV. APPLICATION AND SUBMISSION INFORMATION

1. ADDRESS TO REQUEST APPLICATION PACKAGE

You may request a complete application kit from SAMHSA at 1-877-SAMHSA7 [TDD: 1-800-487-4889].

You also may download the required documents from the SAMHSA Web site at <http://www.samhsa.gov/grants/apply.aspx>.

Additional materials available on this Web site include:

- a grant writing technical assistance manual for potential applicants;
- standard terms and conditions for SAMHSA grants;
- guidelines and policies that relate to SAMHSA grants (e.g., guidelines on cultural competence, consumer and family participation, and evaluation); and
- a list of certifications and assurances referenced in item 21 of the SF 424 v2.

2. CONTENT AND GRANT APPLICATION SUBMISSION

2.1 Application Kit

A complete list of documents included in the application kit is available at <http://www.samhsa.gov/Grants/ApplicationKit.aspx>. This includes:

- HHS 5161-1 (revised August 2007) – Includes the face page (SF 424 v2), budget forms, and checklist. You must use the HHS 5161-1. **Applications that are not submitted on the required application form will be screened out and will not be reviewed.**

- Request for Applications (RFA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the RFA. The RFA will be available on the SAMHSA Web site (<http://www.samhsa.gov/grants/index.aspx>) and a synopsis of the RFA is available on the Federal grants Web site (<http://www.Grants.gov>).

You must use all of the above documents in completing your application.

2.2 Required Application Components

Applications must include the following 11 required application components:

- **Face Page** – SF 424 v2 is the face page. This form is part of the HHS 5161-1. [Note: Applicants must provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal Government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet Web site at <http://www.dunandbradstreet.com> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a Federal grant application. In addition, you must be registered in the Central Contractor Registration (CCR) prior to submitting an application and maintain an active CCR registration during the grant funding period. **REMINDER: CCR registration expires each year and must be updated annually.** Additional information on the Central Contractor Registration (CCR) is available at <http://www.ccr.gov>.
- **Abstract** – Your total abstract must not be longer than 35 lines. In the first five lines or less of your abstract, clearly state if the application is to establish and implement or improve a PMP and provide a summary of your project that can be used, if your project is funded, in publications, reporting to Congress, or press releases.
- **Table of Contents** – Include page numbers for each of the major sections of your application and for each attachment.
- **Budget Form** – Use SF 424A, which is part of the HHS 5161-1. Fill out Sections B, C, and E of the SF 424A. A sample budget and justification is included in Appendix E of this document.
- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through K. Sections A-K together may not be longer than 25 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 30, it is 26 pages long, not 25 pages.) More detailed instructions for completing each section of the Project Narrative are provided in “Section V – Application Review Information” of this document.

- **Attachments 1 through 2** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. Do not use the attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.
 - *Attachment 1:* Assurance of Compliance with Provisions of NASPER
 - *Attachment 2:* Letter of Agreement to Adopt Health Information Interoperability Standards
- **Project/Performance Site Location(s) Form** – The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kit.
- **Assurances** – Non-Construction Programs. You must read the list of assurances provided on the SAMHSA Web site **and check the box marked ‘I Agree’** before signing the face page (SF 424 v2) of the application. You are also required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170. This form will be posted on SAMHSA’s Web site with the RFA and provided in the application kit.
- **Certifications** – You must read the list of certifications provided on the SAMHSA Web site **and check the box marked ‘I Agree’** before signing the face page (SF 424 v2) of the application.
- **Disclosure of Lobbying Activities** – You must submit Standard Form LLL found in the HHS 5161-1. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes “grass roots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. If no lobbying is to be disclosed, mark N/A on the form. All applicants must sign the form.
- **Checklist** – Use the Checklist found in HHS 5161-1. The Checklist ensures that you have obtained the proper signatures, assurances and certifications. If you are submitting a paper application, the Checklist should be the last page.

2.3 Application Formatting Requirements

Please refer to [Appendix A](#), *Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications*, for SAMHSA’s basic application formatting requirements. Applications that do not comply with these requirements will be screened out and will not be reviewed.

3. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by close of business on **April 22, 2011**. SAMHSA provides two options for submission of grant applications: 1) electronic submission, **or** 2) paper submission. Hard copy applications are due by **5:00 PM** (Eastern Time). Electronic applications are due by **11:59 PM** (Eastern Time). **Applications may be shipped using only Federal Express (FedEx), United Parcel Service (UPS), or the United States Postal Service (USPS)**. You will be notified by postal mail that your application has been received.

Note: If you use the USPS, you must use Express Mail.

SAMHSA will not accept or consider any applications that are hand carried or sent by facsimile.

Submission of Electronic Applications

If you plan to submit electronically through Grants.gov it is very important that you read thoroughly the application information provided in [Appendix B](#), "Guidance for Electronic Submission of Applications."

Submission of Paper Applications

If you are submitting a paper application, you must submit an original application and 2 copies (including attachments). The original and copies must not be bound and nothing should be attached, stapled, folded, or pasted. Do not use staples, paper clips, or fasteners. You may use rubber bands.

Send applications to the address below:

For United States Postal Service:

Barbara Orlando
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
Room 7-1091
1 Choke Cherry Road
Rockville, MD 20857
Attn: NASPER Formula Grant

Change the zip code to **20850** if you are using FedEx or UPS.

Do not send applications to other agency contacts, as this could delay receipt. Be sure to include "**NASPER- TI-11-F1**" in item number 12 on the face page (SF 424 v2) of any paper applications. If you require a phone number for delivery, you may use (240) 276-1199.

Your application must be received by the application deadline or it will not be considered for review. Please remember that mail sent to Federal facilities undergoes a security screening prior to delivery. You are responsible for ensuring that you submit your application so that it will arrive by the application due date and time.

If an application is mailed to a location or office (including room number) that is not designated for receipt of the application and, as a result, the designated office does not receive your application by the deadline, your application will be considered late and ineligible for review.

SAMHSA accepts electronic submission of applications through <http://www.Grants.gov>. Please refer to [Appendix B](#) for “Guidance for Electronic Submission of Applications.”

4. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is not covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (DHHS) regulation at 45 CFR Part 100. However, individual States may require coordination procedures similar to those specified in E.O. 12372. Under this Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs.

5. FUNDING LIMITATIONS/RESTRICTIONS

Cost principles describing allowable and unallowable expenditures for Federal grantees, including SAMHSA grantees, are provided in the following documents, which are available at <http://www.samhsa.gov/grants/management.aspx>:

- Educational Institutions: 2 CFR Part 220 (OMB Circular A-21)
- State, Local and Indian Tribal Governments: 2 CFR Part 225 (OMB Circular A-87)
- Nonprofit Organizations: 2 CFR Part 230 (OMB Circular A-122)
- Hospitals: 45 CFR Part 74, Appendix E
- No more than 20% of the grant award may be used for data collection, performance measurement, and performance assessment expenses.

SAMHSA grantees must also comply with SAMHSA’s standard funding restrictions, which are included in [Appendix D](#).

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

Applications for the State PMP will be reviewed against the requirements listed below for developing the Project Narrative (Sections A-K). **These are to be used instead of**

the “Program Narrative” instructions found in the HHS 5161-1. Reviewers will review the applications on the quality of responses to the requirements listed below. Deficiencies may delay or prevent grant award.

- Your responses should be as brief as possible, but must convey the requested information. Some information may best be presented in tabular format.
- The Project Narrative (Sections A-K) together may be no longer than 25 pages.
- The Documentation you provide in Attachments 1 and 2 will be considered by reviewers in assessing your response, along with the material in the Project Narrative.

Section A: Overview of Proposed Controlled Prescription Monitoring Program (PMP)

- Clearly state whether you are proposing to establish and implement or improve upon an existing PMP.
- Describe your plan to establish and implement a PMP or the improvements you propose to make to an existing PMP.

Section B: Budget Cost Estimate

- Provide a budget cost estimate for the proposed project.

Section C: Security

- Describe your plan to meet established criteria for security (see Appendix F of this RFA) for information handling and for the database maintained by the State, including appropriate encryption technology or other appropriate technology to protect the security of information.

Section D: Interoperability

- Describe how you will adopt health information interoperability standards, including health vocabulary and messaging standards. States must adopt health information interoperability standards that are consistent with the IJIS project NIEM XML standard. Include a letter of agreement to adopt these standards in **Attachment 2** of your application.
- If you are proposing to **improve** upon an existing PMP, provide a plan that will enable your State PMP to achieve interoperability with at least one other State PMP. In addition, if your State PMP has not achieved interoperability with a geographically bordering State that is a NASPER grantee at the time of application, include a description of the manner in which the State PMP will achieve interoperability with the geographically bordering State.

Section E: Uniform Electronic Format

- Describe your plan to meet established criteria for uniform electronic format requirements as described in Section I-2.3 Reporting Requirements of this RFA.

Section F: Availability of Information and Access

- Describe your plan to meet established criteria for the availability of information and limitation on access to program personnel.

Section G: Access to Database and Quality Control

- Describe your processes and criteria for granting access to the substance monitoring database, and describe procedures that will ensure information in the database is accurate.
- Describe the roles and responsibilities of any PMP staff including the Master Administrator.

Section H: Use and Disclosure of Information

- Describe your guidelines and policies for the use and disclosure of information to: practitioners; any local, State, or Federal law enforcement, narcotics control, licensure, disciplinary, or program authority; the controlled substance monitoring program of another State or group of States with whom the State has established an interoperability agreement; any agent of the Department of Health and Human Services, a State Medicaid program, a State health department, or the Drug Enforcement Administration; and an agent of the State agency or entity of another State that is responsible for the establishment and maintenance of that State's controlled substance monitoring program.
- Describe the certification procedures as well as renewal procedures for authorized requestors of information from the database.
- If applicable, describe your policies and procedures for managing and monitoring, prescriber and dispenser sub-accounts holders, including the responsibilities of the Master Account holder.
- Describe your plan to establish a program to notify practitioners and dispensers of information that will help identify and prevent unlawful diversion or misuse of controlled substances.
- Provide a plan to establish thresholds (if you propose an alternate plan to the "6/6/1 threshold") and articulate them for unsolicited disclosures to prescribers and dispensers.

Section I: Penalties

- Describe the penalties for the unauthorized use and disclosure of information maintained in the State PMP in violation of applicable State law or regulation.

Section J: Additional Requirements for Applicants Proposing to Establish and Implement a PMP

- Provide information on relevant State laws, policies, and procedures, if any, regarding purging of information from the database.

Section K: Performance Assessment and Data

- Describe your plan to collect and report Government Performance and Results Act (GPRA) data. Remember to include evaluation and data collection costs in your requested budget.
- Describe your plan for conducting the performance assessment as specified in Section I-2.7 of this RFA and document your ability to conduct the assessment.

2. REVIEW AND SELECTION PROCESS

AWARD CRITERIA

Decisions to award State allotments will be based on a determination that all of the documents and attachments described under “Required Application Components” have been included and meet program requirements.

VI. ADMINISTRATION INFORMATION

1. AWARD NOTICES

After your application has been reviewed, your Government Project Officer (GPO) and/or your Grants Management Specialist will contact you to discuss the results of the review and obtain any additional information in writing. If you are approved for funding, you will receive a notice through postal mail, the Notice of Award (NoA), signed by SAMHSA’s Grants Management Officer. The Notice of Award is the sole obligating document that allows you to receive Federal funding for work on the grant project.

2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA’s standard terms and conditions are available on the SAMHSA Web site at <http://www.samhsa.gov/grants/management.aspx>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 74 or 45 CFR Part 92, as appropriate.

For more information see the SAMHSA Web site (<http://www.samhsa.gov/grants/management.aspx>).

- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
 - requirements relating to additional data collection and reporting;
 - requirements to address problems identified in review of the application; or
 - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a Federal grant.
- In an effort to improve access to funding opportunities for applicants, SAMHSA is participating in the U.S. Department of Health and Human Services “Survey on Ensuring Equal Opportunity for Applicants.” This survey is included in the application kit for SAMHSA grants and is posted on the SAMHSA Web site at <http://www.samhsa.gov/grants/downloads/SurveyEnsuringEqualOpp.pdf>. You are encouraged to complete the survey and return it, using the instructions provided on the survey form.

3. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.6, you must comply with the following reporting requirements:

3.1 Progress and Financial Reports

- You will be required to submit quarterly and final progress reports, as well as annual and final financial status reports.
- If your application is funded, SAMHSA will provide you with guidelines and requirements for these reports. SAMHSA staff will use the information contained in the reports to determine your progress toward meeting its goals.

- You will be required to comply with the requirements of 2 CFR Part 170 -The Transparency Act Subaward and Executive Compensation Reporting Requirements. See <http://www.samhsa.gov/grants/subaward.aspx> for information on implementing this requirement.

3.2 Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies. To meet the GPRA requirements, SAMHSA must collect performance data (i.e., “GPRA data”) from grantees. The performance requirements for SAMHSA’s NASPER grant program are described in Section I-2.6 of this document under “Data Collection and Performance Measurement.”

3.3 Publications

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA’s Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication.

In addition, SAMHSA requests that grantees:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services, and should not be construed as such.

SAMHSA reserves the right to issue a press release about any publication deemed by SAMHSA to contain information of program or policy significance to the substance abuse treatment/substance abuse prevention/mental health services community.

VII. AGENCY CONTACTS

For questions about program issues contact:

Nicholas Reuter
Project Officer
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 2-1063
Rockville, Maryland 20857
(240) 276-2716
nicholas.reuter@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Barbara Orlando
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1422
Barbara.orlando@samhsa.hhs.gov

Appendix A – Checklist for Formatting Requirements and Screenout Criteria for SAMHSA Grant Applications

*SAMHSA's goal is to review all applications submitted for grant funding. However, this goal must be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and returned to you without review.***

- Use the HHS 5161-1 application package
- Applications must be received by the application due date and time, as detailed in Section [IV-3](#) of this grant announcement.
- Information provided must be sufficient for review.
- Text must be legible. Pages must be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each.
- (For Project Narratives submitted electronically, see separate requirements in [Appendix B, "Guidance for Electronic Submission of Applications."](#))
- To ensure equity among applications, page limits for the Project Narrative cannot be exceeded.
- Paper must be white paper and 8.5 inches by 11.0 inches in size.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out and returned without review. However, the information provided in your application must be sufficient for review. Following these guidelines will help ensure your application is complete, and will help reviewers to consider your application.

- If you are submitting a paper application, the application components required for SAMHSA applications should be submitted in the following order:
 - Face Page (Standard Form 424 v2, which is in HHS 5161-1)
 - Abstract
 - Table of Contents
 - Budget Form (Standard Form 424A, which is in HHS 5161-1)
 - Project Narrative and Supporting Documentation
 - Attachments

- Project/Performance Site Location(s) Form
- Disclosure of Lobbying Activities (Standard Form LLL, which is in HHS 5161-1)
- Checklist (a form in HHS 5161-1)
- Applications should comply with the following requirements:
 - Budgetary limitations as specified in Sections I, II, and IV-5 of this announcement.
 - Documentation of nonprofit status as required in the HHS 5161-1.
- Black ink should be used throughout your application, including charts and graphs. Pages should be typed single-spaced with one column per page. Pages should not have printing on both sides.
- Pages should be numbered consecutively from beginning to end so that information can be located easily during review of the application. The abstract page should be page 1, the table of contents should be page 2, etc. The four pages of Standard form 424 v2 are not to be numbered. Attachments should be labeled and separated from the Project Narrative and budget section, and the pages should be numbered to continue the sequence.
- The page limits for Attachments stated in Section IV-2.2 of this announcement should not be exceeded.
- Send the original application and two copies to the mailing address in Section IV-3 of this document. Please do not use staples, paper clips, and fasteners. Nothing should be attached, stapled, folded, or pasted. You may use rubber bands. Do not use heavy or lightweight paper or any material that cannot be copied using automatic copying machines. Odd-sized and oversized attachments such as posters will not be copied or sent to reviewers. Do not include videotapes, audiotapes, or CD-ROMs.

Appendix B – Guidance for Electronic Submission of Applications

If you would like to submit your application electronically, you may search <http://www.Grants.gov> for the downloadable application package by the funding announcement number (called the opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the CFDA number on the first page of the funding announcement.

You must follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page. In addition to the User Guide, you may wish to use the following sources for technical (IT) help:

- By e-mail: support@Grants.gov
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding Federal holidays.

If this is the first time you have submitted an application through Grants.gov, you must complete three separate registration processes before you can submit your application. Allow at least two weeks (10 business days) for these registration processes, prior to submitting your application. The processes are: 1) DUNS Number registration; 2) Central Contractor Registry (CCR) registration; and 3) Grants.gov registration (Get username and password.). **REMINDER: CCR registration expires each year and must be updated annually.** Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the SF 424 (face page). See the Organization Registration User Guide for details at the following Grants.gov link: http://www.grants.gov/applicants/get_registered.jsp.

Please also allow sufficient time for enter your application into Grants.gov. When you submit your application you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov. within the next 24-48 hours. One will confirm receipt of the application in Grants.gov and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you must contact Grants.gov directly. Please note that it is incumbent on the applicant to monitor their application to ensure that it is successfully received and validated by Grants.gov. **If your application is not successfully validated by Grants.gov it will not be forwarded to SAMHSA as the receiving institution.**

It is strongly recommended that you prepare your Project Narrative and other attached documents using Microsoft Office 2003 products (e.g., Microsoft Word 2003, Microsoft Excel, etc.). The new Microsoft Vista operating system and Microsoft Word 2007 products are not currently accepted by Grants.gov. If you do not have access to Microsoft Office 2003 products, you may submit PDF files.

Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than Microsoft Office or PDF may result in your file being unreadable by our staff.

The Project Narrative must be a separate document in the electronic submission. Formatting requirements for SAMHSA grant applications are described in [Appendix A](#) of this announcement. These requirements also apply to applications submitted electronically, with the following exceptions only for Project Narratives submitted electronically in Microsoft Word. These requirements help ensure the accurate transmission and equitable treatment of applications.

- Text legibility: Use a font of Times New Roman 12, line spacing of single space, and all margins (left, right, top, bottom) of at least one inch each. Adhering to these standards will help to ensure the accurate transmission of your document.
- Amount of space allowed for Project Narrative: The Project Narrative for an electronic submission may not exceed 12,875 words. If the Project Narrative for an electronic submission exceeds the word limit, the application will be screened out and will not be reviewed. To determine the number of words in your Project Narrative document in Microsoft Word, select file/properties/statistics.

Keep the Project Narrative as a separate document. Please consolidate all other materials in your application to ensure the fewest possible number of attachments. Be sure to label each file according to its contents, e.g., “Attachments 1-3”, “Attachments 4-5.”

With the exception of the standard forms in the application package, all pages in your application should be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Failure to comply with these requirements may affect the successful transmission and consideration of your application.

Applicants are strongly encouraged to submit their applications to Grants.gov early enough to resolve any unanticipated difficulties prior to the deadline. After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Grants.gov tracking number. It is important that you retain this number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application. If you do not receive a Grants.gov tracking number, you may want to contact the Grants.gov help desk for assistance.**

Appendix C – Assurance of Compliance with Provisions of NASPER

As the authorized representative of [*insert name of applicant organization*]
_____, I assure SAMHSA that we will comply with all the provisions of the National All Schedules Prescription Electronic Reporting Act of 2005 (42 U.S.C. 280g-3).

For existing PMPs proposing improvements ONLY: Please provide a Statement as well as a brief description of the issue below if compliance with all the provisions of NASPER is not feasible or contrary to the best interests of public health in your State. If compliance can be met at a later date, please provide that date as well.

I understand that compliance with this assurance throughout the period of the project is a term and condition of the grant award.

Signature of Authorized Representative

Date

Appendix D – Funding Restrictions

SAMHSA grant funds must be used for purposes supported by the program and may not be used to:

- Pay for any lease beyond the project period.
- Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- Food is generally unallowable unless it's an integral part of a conference grant or program specific, e.g., children's program, residential.

SAMHSA will not accept a "research" indirect cost rate. The grantee must use the "other sponsored program rate" or the lowest rate available.

Appendix E – Sample Budget and Justification (no match required)

THIS IS AN ILLUSTRATION OF A SAMPLE DETAILED BUDGET AND NARRATIVE JUSTIFICATION WITH GUIDANCE FOR COMPLETING SF 424A: SECTION B FOR THE BUDGET PERIOD

A. Personnel: Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project.

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
(1) Project Director	John Doe	\$64,890	10%	\$6,489
(2) Grant Coordinator	To be selected	\$46,276	100%	\$46,276
(3) Clinical Director	Jane Doe	In-kind cost	20%	0
			TOTAL	\$52,765

JUSTIFICATION: Describe the role and responsibilities of each position.

- (1) The Project Director will provide daily oversight of the grant and will be considered key staff.
- (2) The Coordinator will coordinate project services and project activities, including training, communication and information dissemination.
- (3) The Clinical Director will provide necessary medical direction and guidance to staff for 540 clients served under this project.

Key staff positions require prior approval by SAMHSA after review of credentials of resume and job description.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A) **\$52,765**

B. Fringe Benefits: List all components that make up the fringe benefits rate

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	7.65%	\$52,765	\$4,037
Workers Compensation	2.5%	\$52,765	\$1,319
Insurance	10.5%	\$52,765	\$5,540
		TOTAL	\$10,896

JUSTIFICATION: Fringe reflects current rate for agency.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A) **\$10,896**

C. Travel: Explain need for all travel other than that required by this application. Local travel policies prevail.

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
(1) Grantee Conference	Washington, DC	Airfare	\$200/flight x 2 persons	\$400
		Hotel	\$180/night x 2 persons x 2 nights	\$720
		Per Diem (meals and incidentals)	\$46/day x 2 persons x 2 days	\$184
(2) Local travel		Mileage	3,000 miles @ .38/mile	\$1,140
			TOTAL	\$2,444

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

(1) Two staff (Project Director and Evaluator) to attend mandatory grantee meeting in Washington, DC.

(2) Local travel is needed to attend local meetings, project activities, and training events. Local travel rate is based on organization's policies/procedures for privately owned vehicle reimbursement rate. If policy does not have a rate use GSA.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A) **\$2,444**

D. Equipment: an article of tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit (federal definition).

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **\$ 0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
General office supplies	\$50/mo. x 12 mo.	\$600
Postage	\$37/mo. x 8 mo.	\$296
Laptop Computer	\$900	\$900
Printer	\$300	\$300
Projector	\$900	\$900
Copies	8000 copies x .10/copy	\$800
	TOTAL	\$3,796

JUSTIFICATION: Describe the need and include an adequate justification of how each cost was estimated.

(1) Office supplies, copies and postage are needed for general operation of the project.

(2) The laptop computer and printer are needed for both project work and presentations for Project Director.

(3) The projector is needed for presentations and workshops. All costs were based on retail values at the time the application was written.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **\$ 3,796**

F. Contract: A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant/grantee must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

COSTS FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A NARRATIVE JUSTIFICATION PROVIDED. IF APPLICABLE, NUMBERS OF CLIENTS SHOULD BE INCLUDED IN THE COSTS.

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
(1) State Department of Human Services	Training	\$250/individual x 3 staff	5 days	\$750
(2) Treatment Services	1040 Clients	\$27/client per year		\$28,080

Name	Service	Rate	Other	Cost
(3) John Smith (Case Manager)	Treatment Client Services	1FTE @ \$27,000 + Fringe Benefits of \$6,750 = \$33,750	*Travel at 3,124 @ .50 per mile = \$1,562 *Training course \$175 *Supplies @ \$47.54 x 12 months or \$570 *Telephone @ \$60 x 12 months = \$720 *Indirect costs = \$9,390 (negotiated with contractor)	\$46,167
(4) Jane Smith	Evaluator	\$40 per hour x 225 hours	12 month period	\$9,000
(5) To Be Announced	Marketing Coordinator	Annual salary of \$30,000 x 10% level of effort		\$3,000
			TOTAL	\$86,997

JUSTIFICATION: Explain the need for each contractual agreement and how it relates to the overall project.

- (1) Certified trainers are necessary to carry out the purpose of the Statewide Consumer Network by providing recovery and wellness training, preparing consumer leaders statewide, and educating the public on mental health recovery.
- (2) Treatment services for clients to be served based on organizational history of expenses.

- (3) Case manager is vital to client services related to the program and outcomes.
- (4) Evaluator is provided by an experienced individual (Ph.D. level) with expertise in substance abuse, research and evaluation, is knowledgeable about the population of focus, and will report GPRA data.
- (5) Marketing Coordinator will develop a plan to include public education and outreach efforts to engage clients of the community about grantee activities, and provision of presentations at public meetings and community events to stakeholders, community civic organizations, churches, agencies, family groups and schools.

***Represents separate/distinct requested funds by cost category**

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$86,997**

G. Construction: NOT ALLOWED – Leave Section B columns 1& 2 line 6g on SF424A blank.

H. Other: expenses not covered in any of the previous budget categories

FEDERAL REQUEST

Item	Rate	Cost
(1) Rent*	\$15/sq.ft x 700 sq. feet	\$10,500
(2) Telephone	\$100/mo. x 12 mo.	\$1,200
(3) Client Incentives	\$10/client follow up x 278 clients	\$2,780
(4) Brochures	.89/brochure X 1500 brochures	\$1,335
	TOTAL	\$15,815

JUSTIFICATION: Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

(1) Office space is included in the indirect cost rate agreement; however, if other rental costs for service site(s) are necessary for the project, they may be requested as a direct charge. The rent is calculated by square footage or FTE and reflects SAMHSA’s fair share of the space.

***If rent is requested (direct or indirect), provide the name of the owner(s) of the space/facility. If anyone related to the project owns the building which is less than an arms length arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease and floor plan (including common areas) is required for all projects allocating rent costs.**

(2) The monthly telephone costs reflect the % of effort for the personnel listed in this application for the SAMHSA project only.

(3) The \$10 incentive is provided to encourage attendance to meet program goals for 278 client follow-ups.

(4) Brochures will be used at various community functions (health fairs and exhibits).

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) \$15,815

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. For information on applying for the indirect rate go to: <http://www.samhsa.gov> then click on Grants – Grants Management – Contact Information – Important Offices at SAMHSA and DHHS - HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)

8% of personnel and fringe (.08 x \$63,661) \$5,093

=====

TOTAL DIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A)
\$172,713

INDIRECT CHARGES:

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A)
\$5,093

TOTALS: (sum of 6i and 6j)

FEDERAL REQUEST – (enter in Section B column 1 line 6k of form SF424A) \$177,806

=====

UNDER THIS SECTION REFLECT OTHER NON-FEDERAL SOURCES OF FUNDING BY DOLLAR AMOUNT AND NAME OF FUNDER e.g., Applicant, State, Local, Other, Program Income, etc.

Provide the total proposed Project Period and Federal funding as follows:

Proposed Project Period

a. Start Date:	09/30/2011	b. End Date:	09/29/2016
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BUDGET SUMMARY (should include future years and projected total)

Category	Year 1	Year 2*	Year 3*	Year 4*	Year 5*	Total Project Costs
Personnel	\$52,765	\$54,348	\$55,978	\$57,658	\$59,387	\$280,136
Fringe	\$10,896	\$11,223	\$11,559	\$11,906	\$12,263	\$57,847
Travel	\$2,444	\$2,444	\$2,444	\$2,444	\$2,444	\$12,220
Equipment	0	0	0	0	0	0
Supplies	\$3,796	\$3,796	\$3,796	\$3,796	\$3,796	\$18,980
Contractual	\$86,997	\$86,997	\$86,997	\$86,997	\$86,997	\$434,985
Other	\$15,815	\$13,752	\$11,629	\$9,440	\$7,187	\$57,823
Total Direct Charges	\$172,713	\$172,560	\$172,403	\$172,241	\$172,074	\$861,991
Indirect Charges	\$5,093	\$5,246	\$5,403	\$5,565	\$5,732	\$27,039
Total Project Costs	\$177,806	\$177,806	\$177,806	\$177,806	\$177,806	\$889,030

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$889,030**

***FOR REQUESTED FUTURE YEARS:**

1. Please justify and explain any changes to the budget that differs from the reflected amounts reported in the 01 Year Budget Summary.

2. If a cost of living adjustment (COLA) is included in future years, provide your organization's personnel policy and procedures that state all employees within the organization will receive a COLA.

Appendix F – Minimum Requirements for Security of the Database

Information from the PMPs must be stored and protected in an electronic manner and must, at a minimum, be equivalent to the standards set forth in regulations promulgated under section 262 of the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191; 110 Stat. 2033). This would include the technical safeguards standards of the HIPAA Security Rule under 45 CFR 164.312. In addition, NASPER does not supersede the requirements of the Federal substance abuse confidentiality law (42 U.S.C. 290dd-2) and regulations under 42 CFR Part 2.

At a minimum, PMP databases must be stored on separate servers that are physically secured with firewall protections or use of other technology and/or system architecture that is certified to provide the same or more protection as databases which are stored on separate servers or separate networks, physically secured with firewall protection. These databases must provide for backup and restore needs in the event of disasters. These backup systems must also conform to the same security requirements.

The information from these electronic databases is released to certain entities upon request (solicited), or without request (unsolicited). The transmission of this information must also be secure to prevent inadvertent disclosure. The Administrator understands that many of these releases are conducted by web-based applications. At a minimum, such web-based releases are encrypted with 128-bit Secure Socket Logic technology.

The following questions that can be useful in examining the existing level of security of the program:

- What individuals or organizations have direct access to the internal data systems? Is such access monitored or audited to ensure accountability?
- What kind of encryption, authentication, and access control mechanisms are used? Are they adequate?
- Are regular, encrypted database backups performed to external media and stored in an offsite location?
- Is sensitive data contained in systems that are accessible via the Internet? If so, are appropriate measures in place to prevent outside access?
- Have penetration tests or other security validation assessments been conducted?
- Are security and privacy protection policies adequate? Are the PMP-supporting systems up to date in enforcing those requirements?
- What additional steps are needed to protect Protected Health Information (PHI)?

Appendix G – Minimum Requirements for Authentication and Certification^{4, 5}

1. As part of the authentication process, a practitioner (or the agent thereof, including pharmacist) must initially submit a hard copy written, signed and notarized request to the designated State agency, which in turn, verifies the information before providing a username and password to the practitioner. The request must include the practitioner's name and date of birth, a corresponding DEA registration number, and State medical license number. States may propose an alternate plan for authentication. This alternate authentication plan must provide a reasonable assurance that the applicant is properly identified before the username and password is assigned. For example, some States cross reference the PMP application information against information provided by practitioners as part of the State license and registration process. Practitioners must undergo a renewal process at least every three years. States may submit an alternate plan to ensure that the practitioner information is valid and accurate for renewal purposes. In soliciting information from the State PMP database, the practitioner must certify that the requested information is for the purpose of providing medical or pharmaceutical treatment or evaluating the need for such treatment to a bona fide current patient. Such requests/certifications can be conducted by web-based procedures. This minimum requirement procedure must be utilized at the time of funding by States that are establishing and implementing a PMP. Procedures for grandfathering or reapplication for already authenticated users must be in place.
2. A local, State, or Federal law enforcement, narcotics control, licensure, disciplinary, or program authority must submit a hard copy written signed and notarized request to the designated State agency, which in turn, verifies the information before providing a username and password to the practitioner. The

⁴ Although NASPER does not specifically designate disclosures to patients as a category for minimum requirements, State disclosure to patients would depend on whether there is a law that requires the State (as opposed to the dispensers) to disclose such information to the patients. If disclosure to the patient is permissible, the patient must submit a written notarized request with the name, address, phone number, and a copy of a Government issued photo identification. The request must be submitted in person.

⁵ If there are requests for information from an authority other than the ones listed and such request is made to enable the authority to perform functions authorized by law, States may disclose the information consistent with NASPER authentication and certification procedures and any other applicable laws.

request must include the agency name and the individuals who will be authorized to request access within the agency. The requestor must certify for each disclosure that the requested information is related to an individual investigation or proceeding involving the unlawful diversion or misuse of a schedule II, III, or IV substance, and that such information will further the purpose of the investigation or assist in the proceeding. Such requests shall include an active case number or provide other assurance that the request is pursuant to the law enforcement agency's official duties and responsibilities.

3. The PMP of another State or group of States must have an established, signed interoperability agreement in place before interstate patient information sharing (but not anonymous, aggregate data) can proceed. Any interoperability agreements that meet the requirements of the individual State PMPs, and the general requirements should be acceptable. This means, for example, that if the ultimate information requester is a law enforcement entity, each State PMP must meet the authentication and certification requirements listed in item 2.
4. Any agent of the Department of Health and Human Services, a State Medicaid program, a State health department, or the DEA must submit a written request to the State PMP that identifies the summary statistics sought. The requesting Department, program, administration, etc., must certify that the requested information is necessary for research to be conducted by such department, program, or administration, respectively, and the intended purposes of the research is related to a function committed to such department, program, or administration by law that is not investigative in nature. In addition, aggregate data requests must be a State-wide summary for at least a three-month period.
5. An agent of the State agency or entity of another State that is responsible for the **establishment and maintenance** of the State's PMP must submit a written request on Agency letterhead that identifies the requestor as the person responsible for that State's PMP. After authentication by the disclosing State PMP, the requesting State certifies that the State has a PMP application approved by SAMHSA and the requested information is for the purpose of implementing the State's PMP. This category applies to States that do not have an interoperability agreement. In addition, both States must have an approved NASPER grant.