Announcement of Funding Availability

Opiate Use Peer Recovery Coach
Proposal Guidance and Instructions

AFA Title: Peer Recovery Support Services
Targeting Regions: Statewide
AFA Number: 2-2018-SA

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capital Street, Room 350
Charleston, WV 25301-3702

For Technical Assistance please include the AFA # in the subject line and forward all inquiries in writing to:
DHHRBHHFAnnouncement@wv.gov

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<th>Key Dates:</th>
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<tr>
<td>Date of Release:</td>
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<td>Letter of Intent Deadline:</td>
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<td>TECHNICAL ASSISTANCE MEETING:</td>
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<td>Application Deadline:</td>
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<td>Funding Announcement(s) To Be Made:</td>
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The following are requirements for the submission of proposals to the BBHBF:

_responses must be submitted using the required Proposal Template available at http://www.dhhr.wv.gov/bhhf/afa/Pages/default.aspx

_responses must be submitted electronically via email to DHHRBHHFAnnouncement@wv.gov with “Proposal for Funding” in the subject line. Paper copies of the proposal will not be accepted. Notification that the proposal was received will follow via email from the Announcement mailbox.

_a Statement of Assurance agreeing to these terms is required of all proposal submissions available at DHHR.WV.GOV/BHHF/AFA. This statement must be signed by the agency’s CEO, CFO, and Project Officer and attached to the Proposal Template.

_to request additional Technical Assistance forward all inquiries via email to DHHRBHHFAnnouncement@wv.gov and include “Proposal Technical Assistance” in the subject line.
FUNDING AVAILABILITY

This funding announcement is part of a statewide plan to expand regionally based substance use recovery services for adults, bridging the gap between the initial hiring of positions and the time these services can be sustained through Medicaid billing per the recently approved Medicaid 1115 SUD Waiver. West Virginia received the States Targeted Response to the Opioid Crisis Grant (STR) federal grant award from SAMHSA as part of a multifaceted response to the opioid epidemic WV is facing. Through this grant, the Bureau for Behavioral Health and Health Facilities (BBHHF) seeks to expand the capacity of the existing network of Peer Recovery Coaches to aid and support individuals suffering from Opioid Use Disorder (OUD). The vision for this project is to hire and train new Peer Recovery Coaches in areas of special focus of and populations.

BBHHF is soliciting applications from public or private, not-for-profit or for-profit agencies with experience in serving individuals and families experiencing opioid use disorder (OUD) to provide Peer Recovery Coaches who will specialize in serving one or more of the following populations:

1. **Offenders re-entering the community from incarceration in a correctional setting;**
2. **Pregnant and post-partum women and their infants/children;**
3. **Overdose survivors served by the emergency response system and emergency departments.**

A maximum of $40,000.00 is available per position, which includes $35,000 for salary, benefits, and other position specific costs, and a maximum of $5,000.00 per position to be used for travel and training expenses to allow for the funded position to attend training about Medication Assisted Treatment as well as training to assist the Peer Recovery Coaches to work within the population of focus, once it becomes available.

*This AFA is limited to proposals to hire new Peer Recovery Coaches, who will then be certified through an approved training, followed by OUD specialty training. Once the specialty curricula*
are finalized, BBHHF will release a second AFA to fund training for existing Peer Recovery Coaches.

Funding for a Peer Recovery Coach will be awarded based on accepted proposals that meet all the required criteria contained within this document. A minimum of one award will be made for each of the three categories of specialization.

Total Funding Per Requested Position: $40,000.00

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The West Virginia Department of Health and Human Resources’ Bureau for Behavioral Health and Health Facilities (BBHBF) envisions healthy communities where integrated resources are accessible for everyone to achieve wellness, personal goals and a self-directed future. The mission of the Bureau BBHBF is to ensure that West Virginians with mental health and/or substance use disorders, intellectual/developmental disabilities, chronic health conditions or long term care needs experience quality services that are comprehensive, readily accessible and tailored to meet individual, family and community needs.

Partnerships and collaboration among public and private systems, as well as with individuals, families, agencies and communities, are important components of the systems of care surrounding each person. The role of the Bureau is to provide leadership in the administration, integration and coordination of the public behavioral health system. The work is informed by results of a multi-year strategic planning process that includes critical partners in planning, funding and delivering services and supports.

The following Strategic Priorities guide services and service continuum development:

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<th>Behavioral Health System Goals</th>
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Purpose of Peer Recovery Coaches

Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential. Recovery support services provide opportunities to achieve such change through social inclusion or engaging in supportive recovery communities. Peer support, Peer Recovery Coaching, Recovery Support Center Services, Supports for Self-Directed Care, mutual aid meetings, such as AA/NA, and safe living environments are effective components of the process.

Peer Recovery Coaching is an intervention designed to address the uniqueness of each individual through their addiction recovery and is a vital component in West Virginia’s recovery-oriented continuum of care.

The Bureau for Behavioral Health and Health Facilities’ (BBHHF) purpose for creating Substance Use Disorder Peer Recovery Coach positions throughout West Virginia is to:

1. Initiate and sustain individuals in recovery from substance use, abuse and/or addiction.

2. Promote individuals’ recovery by acting as a guide/mentor for overcoming personal and environmental obstacles that jeopardize their recovery.

3. Help individuals discover, access and utilize ways to remain drug and alcohol free or reduce the harm associated with their substance use behaviors.

4. Help individuals find resources for harm reduction, detoxification, treatment, family support and education, and local or online support groups.

5. Help individuals create a change plan for their recovery.
Opioid Use Peer Recovery Coach

Target Population(s): Adult Men and Women (Ages 18+) identified as experiencing Opioid Use Disorder (OUD) and Served Through One or More of the Following Areas of Special Focus:

1. Offenders re-entering the community from incarceration in a correctional setting;
2. Pregnant and post-partum women and their infants/children.
3. Overdose survivors served by the emergency response system and emergency departments.

Service Overview

Peer Recovery Coaching is the provision of strength-based supports for persons in or seeking recovery from behavioral health challenges. Peer Recovery Coaching (often referred to as Peer Mentoring or Recovery Coaching) is a partnership where the person working toward recovery self directs his/her recovery approach while the coach provides expertise in supporting successful change. Peer Recovery Coaching, a peer-to-peer service, is provided by persons with lived experience managing their own behavioral health challenges who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery. To become a Peer Recovery Coach such persons must also complete training, education, and/or professional development opportunities for peer recovery coaching.

Peer Recovery Coaching focuses on achieving any goals important to the recovering individual. The Peer Recovery Coach asks questions and offers suggestions to help the person begin to take the lead in addressing their recovery needs. Peer Recovery Coaching honors values and making principle-based decisions, creating a clear plan of action, and using current strengths to reach future goals. The Peer Recovery Coach serves as an accountability partner for this plan to help
the person sustain his or her recovery. The Peer Recovery Coach will help individuals overcome personal and environmental obstacles to his or her recovery, links the newly recovering person to the recovering community, and serves as a navigator and mentor in the management of personal and family recovery. Peer Recovery Coaching supports positive change by offering hope and help to anyone, including persons involved in treatment, to avoid relapse, build community support for recovery, or work on life goals, such as relationships, work, and education.

Peer Recovery Coaches work with people in any stage of recovery -- persons with active behavioral health issues as well as persons in long-term recovery which includes medication assisted recovery. Peer recovery coaching is not clinical treatment; however, coaching can be provided to those actively involved in treatment services. A Peer Recovery Coach will also assist individuals to access treatment services as needed. Peer recovery coaching must not create a dual role/relationship for the individual being served. Such dual roles can include but are not restricted to a Counselor, Sponsor, Faith Leader, Relative, Parole officer, etc. A Peer Recovery Coach will not serve in any additional capacity beyond their coaching role. Peer Recovery Coaches will not associate primarily with any specific pathway/philosophy to recovery i.e. faith-based, mutual aid (NA/AA), self-help, etc.

Requirements for the Organization (Supervisory) Site

- Identify a Mentor who is an experienced and certified Peer Recovery Coach, to support the STR funded Peer Recovery Coach, as well as provide guidance/consultation to assure ethical service provision;
- Provide on-going organizational support for the Peer Recovery Coach to participate in BBHHF-required certification process and specialized training;
- Collect and submit all required service data reporting to BBHHF
**Requirements for the Substance Use Peer Recovery Coach**

- Have a high school diploma or its recognized equivalent;
- Have lived experience with substance use challenges/addiction, or in the case of supporting justice-involved individuals returning to the community, have lived experience with the criminal justice system and a knowledge base of addiction;
- Be involved with a personal support and/or recovery system of their choosing;
- Reside in stable, recovery-oriented housing the last six (6) months;
- Have had no legal involvement within the last six (6) months;
- Have no intensive behavioral health treatment involvement within the six (6) months prior to employment consideration; to include intensive outpatient services, crisis stabilization/detoxification services, residential treatment services and psychiatric hospitalization;
- Complete a BBHHF-approved Peer Recovery Coach training curriculum
- Participate in BBHHF-required trainings and certification process
- Collect and submit all required service data to applicant organization

**Collaborations and Memoranda of Understanding**

Applicants for any area of Peer Recovery Coach specialization must demonstrate that a coordinated and integrated service system is in place to meet the complex needs of the target population. In doing so, Memoranda of Understanding (MOUs) must be completed with key partnering agencies and organizations, which may include but are not restricted to:

- Local Public Housing Authorities
- Behavioral Health (Substance Use and Mental Health)
- First Responders
- Primary Health Care
- Hospitals
- Obstetric/Gynecological practices, if applicable
- Pediatric practices, if applicable
- Childcare, if applicable
• Medication Assisted Treatment (MAT) Providers
• Family Assistance Programs
• Early Intervention and Home Visiting Programs
• Family and/or Drug Courts
• Criminal Justice Systems
• Employment, Education and/or Vocational programs
• Recovery Support Network/Community/Services

Medication Assisted Treatment and Peer Recovery Support

All Peer Recovery Coaches funded through this grant will receive overview training on Medication Assisted Treatment. Medication-Assisted Treatment (MAT) is the evidence-based use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of opioid use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for many people struggling with opioid addiction, MAT can help sustain recovery. MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. Medications used in MAT are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient’s needs.

With training, Peer Recovery Coaches will be equipped to respond to and support individuals seeking or in recovery from opiate addiction, and promote/support MAT as a potential recovery pathway in addition to the other paths individuals seeking recovery may take. There are also cultural nuances within the recovery community that receives MAT services that Peer Recovery Coaches need to be educated about to ensure the support services they provide are culturally relevant to the person seeking or in recovery.
Program Sustainability and Medicaid
The West Virginia Bureau for Medical Services (BMS) was recently approved by the Centers for Medicare and Medicaid Services (CMS) to cover additional components of a continuum of care for individuals with substance use issues through a Medicaid Section 1115 SUD waiver. **Peer Recovery Support** services may be billed to Medicaid under the SUD waiver by licensed behavioral health providers.

Note that current Medicaid regulations prohibit a person with a felony record to bill Medicaid for their services. Recent state legislation, the Second Chance Act, did provide opportunity for a reduced offense of conviction of some felonies after a ten-year period. You will find more information on the WV Second Chance Act here:

http://www.wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=SB76%20SUB1%20enr.htm&yr=2017&sesstype=RS&billtype=B&houseorig=S&i=76

Funding for this Announcement of Funding Availability is anticipated to be “seed money” for no more than two years, and it is expected that agencies supporting peer services initially funded through this STR grant seek to bill Medicaid and/or secure other funding to sustain those positions. **Priority will be given to applicants that are able to bill, or partner with an organization that is able to bill, Medicaid under the 1115 SUD waiver.**

Areas of Specialization

1. **Peer Recovery Coach Expansion—Offender and/or Reentry Population**

The use of a Peer Recovery Coach is a SAMSHA recommended best practice for individuals with a substance abuse problem, including individuals involved in the criminal justice system. Individuals who have been incarcerated and who are now reentering their communities may face unique challenges in their recovery. In West Virginia drug and alcohol use is cited in nearly 8 out of every 10 cases where an individual was returned to prison for violating parole supervision requirements. Half of all incarcerated people have mental health problems; 60% have substance use disorders; 33% have both. Substance use among former prisoners presents
significant challenges to the reentry process. Studies have shown that while 83% of state prisoners have a history of drug use, only a small fraction receive treatment while incarcerated and after release. Furthermore, for those who have access to and take advantage of treatment programs in prison, few continue to receive appropriate treatment once they return to the community. At the same time, prison-based drug treatment has been shown to reduce drug use and criminal activity, especially when coupled with aftercare treatment in the community.

2. **Peer Recovery Coach Expansion—Drug Free Moms and Babies Project**

In response to West Virginia’s high rate of pregnant women with OUD and the number of infants born with NAS, the WV DHHR Bureaus for Behavioral Health and Health Facilities and Public Health, and the Benedum Foundation funded an integrated behavioral health initiative, known as the Drug Free Moms and Babies (DFMB) project, through the West Virginia Perinatal Partnership (WVPP) in 2012. The WVPP is a statewide partnership of healthcare professionals and public and private organizations working to improve perinatal health in West Virginia.

The Drug Free Moms and Babies project supports healthy pregnancy outcomes by providing prevention, early intervention, addiction treatment, and recovery support services for pregnant and postpartum women with substance use disorders. There were initially four DFMB sites in the state: Shenandoah Valley Medical Center; Thomas Memorial Hospital; Greenbrier Valley Medical Center; and West Virginia University in Morgantown. In 2016, three additional sites were provided support and technical assistance to develop DFMB programs: Harpers Ferry Medical Center; Weirton Medical Center; and Wheeling Hospital. Because of the high need for OUD treatment for pregnant women and the success of the initial programs, West Virginia is currently expanding the DFMB program to additional locations as part of the Opioid STR grant award.

It is anticipated that the use of Peer Recovery Coaches will have a multifaceted impact, including: 1) Providing pregnant and postpartum women with a Peer Recovery Coach who understands the unique issues of addiction, pregnancy, and parenting; 2) Demonstrating to the community and state that recovery is possible and help reduce stigma; 3) Promoting the
recovery of the Peer Recovery Coach by having a sense of purpose and continued contact with supportive professionals; and 4) Providing employment opportunities in an economically challenged state.

NOTE: Proposals for this funding will only be accepted from DFMB projects or licensed behavioral health providers that are partnering with a DFMB project.

3. **Peer Recovery Coach Expansion – Recovery Supports for Overdose Survivors and Emergency Department Recovery Specialists**

Overdose is common among persons who use illicit opioids such as heroin and among those who misuse medications prescribed for pain, such as oxycodone, hydrocodone, and morphine. The incidence of opioid overdose is rising nationwide. West Virginia has been experiencing a public health epidemic of drug overdose deaths for more than a decade. Intentional and unintentional drug overdoses affect more densely populated areas of the state, as well as more rural southern areas. A comparison of West Virginia drug overdose death rates compared to the United States (2015) indicates the West Virginia resident drug overdose mortality rate of 35.5 is more than twice as high as the United States mortality rate of 14.7 per 100,000. West Virginia has the highest age-adjusted mortality rate in the nation and over a third higher than the next highest state, Kentucky.

The opioid epidemic in West Virginia and across the country has become more and more complex—people with addictions are encountering drugs that are increasingly addictive and more dangerous and emergency responders, including law enforcement, need additional supports to assist them as they work to provide the service, care or interventions needed to respond to cases as they are presented. Emergency room personnel are experiencing significantly higher volumes of patients with OUD related needs creating a more challenging environment to be responsive to the needs of all the patients they encounter. This strain on personnel and resources may result in survivors of a nonfatal overdose being less informed and engaged, thus missing an opportunity to access treatment when they are ready.
**Requirements for all Programs serving this specialty population**

While flexibility is important, the following are required to be addressed in every program, regardless of specialization:

- Exchanging medical information of the overdose survivor among team members through proper releases;
- Performing an assessment of the overdose survivor and providing assistance with access to treatment resources along the continuum of care. This process includes advising how the overdose survivor would best access those treatment resources, including assisting with signing up for Medicaid and identifying and addressing other barriers to treatment;
- Providing information about basic medical and social service needs, such as how to address related medical issues or obtaining housing, food, and other resources;
- Communicating with family members of the overdose survivor about follow-up care and the individual’s needs;
- Addressing how to deal with any criminal case information resulting from team member interaction with the overdose survivor; and
- Addressing team member wellness and other efforts to reach out to the community are preferred practices.

The BBHHF envisions that Peer Recovery Coaches will have an opportunity to engage with victims of nonfatal overdose at one or more of the following points of contact when overdose is reported.

1. At the scene of the nonfatal overdose in coordination with emergency response;
2. Within emergency departments following a nonfatal overdose in coordination with emergency response;
3. Outreach in the field during a period after a nonfatal overdose

The first area of focus, **working with first responders at the scene of a non-fatal overdose**, envisions a collaborative partnership between law enforcement, other first responders and
behavioral health treatment providers and recovery supports to address overdose and addiction.

The second area of focus, **Emergency Room Recovery Specialist**, requires peers to be trained to: (1) Provide information regarding treatment and recovery supports available and offer hope that recovery can and does happen; (2) Provide access and navigation support in collaboration with the 844-HELP4WV call line to make agreed upon service and support connections with people with OUDs coming to emergency departments; and (3) Coordinate education and other training within the hospital and local communities regarding addiction and engagement techniques, including family and loved one support, with consent and as appropriate. It is a goal of this model for Recovery Specialists to support emergency room staff offering expertise and engagement strategies and to be viewed by the teams as an integral part of response efforts.

The third area of focus, a **non-fatal overdose outreach program**, uses peers in the field to offer recent overdose survivors linkage to treatment services, naloxone training, and a consistent point of contact should someone wish to enter care. Data indicates prior overdose as a risk factor for future overdoses, and the high percentage of individuals who had visits to hospital emergency rooms prior to the overdose event.
All proposals for funding will be reviewed by the BBHHF staff for administrative compliance, service need, and feasibility. A review team, independent of BBHHF will review the full proposals. Proposals must contain the following components:


- A Proposal Narrative consisting of the following sections: Statement of Need and Special Population(s) of Focus, Proposed Evidence-based Service/Practice, Proposed Implementation Approach, Staff and Organization Experience, Data Collection and Performance Measurement.

- Together these sections may not exceed fifteen (15) total pages. Applicants must use 12 point Arial or Times New Roman font, single line spacing, and one (1) inch margins. Page numbers must also be included in the footer.

- The following is an outline of the Proposal Narrative content:

  - **Statement of Need and Population of Focus to Include Area(s) of Special Focus** (Offender Population, Pregnant and Post-Partum Women, Overdose Survivors) as Referenced on Pages 3 and 7 of this AFA: Describes the need for the proposed service(s). Applicants should identify and provide relevant data on the target population and area(s) of special focus to be served, as well as the geographic area to be served, to include specific Region/county(es) and existing service gaps.

  - **Proposed Evidence-Based Service/Practice**: Delineates the program/service being proposed and sets forth the goals and objectives for the proposed service(s) during Year One.

  - **Proposed Implementation Approach**: This section should describe how the Applicant intends to implement the proposed service(s) during Year One to include:
    - A description of the strategies/service activities proposed to achieve the goals and objectives identified above, those responsible for action, and a one (1) year/twelve (12) month timeline for these activities. Include planning/development, training/consultation, outreach and marketing, implementation, and data management.
    - A description of program implementation and sustainability beyond two years of federal grant funding, including how alternative funding sources will be exhausted.
    - A description of the Applicant will ensure the input of the target population in planning, implementing, and assessing the proposed service. Describe the feedback loop between the target population, the applicant organization, partners/key stakeholders, and the BBHHF in all implementation stages of the project.
✓ **Staff and Organization Experience:** This section should describe the Applicant’s expertise with the population(s) of focus and with recovery supports, to include:

- A description of the applicant’s current involvement with the population(s) of focus.
- Describes the Applicant’s existing capacity to carry out the proposed service(s), to include its experience and qualifications to reach and serve the target population.

✓ **Data Collection and Performance Measurement:** Describes the outcomes to be measured, and information/data the Applicant plans to collect, as well as their process for: using data to manage and improve quality of the service, ensuring each goal is met and assessing outcomes within the target population.

✓ **References/Works Cited:** All sources referenced or used to develop this proposal must be included on this page. This list does not count towards the fifteen (15) page limit.

The attachments do not count toward the fifteen (15) page limit.

✓ **Attachment 1: Targeted Funding Budget(s) and Budget Narrative(s).**

  ✓ Targeted Funding Budget (TFB) form, includes sources of other funds where indicated on the TFB form. A separate TFB form is required for any capital or start-up expenses. This form and instructions are located at [http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx](http://www.dhhr.wv.gov/bhhf/forms/Pages/FinancialForms.aspx)

  ✓ Budget Narrative for each Targeted Funding Budget (TFB) form, with specific details on how funds are to be expended. The narrative should clearly specify the intent of and justify each line item in the TFB. The narrative should also describe any potential for other funds or in-kind support. The Budget Narrative is a document created by the Applicant and not a BBHHF Fiscal form.

✓ **Attachment 2: Applicant Organization’s Valid WV Business License**

✓ **Attachment 3: Memoranda of Understanding** must be submitted with the application to demonstrate that a coordinated and integrated service system is in place to meet the complex needs of the target population.
Section Five: **EXPECTED OUTCOMES / PERFORMANCE MEASURES**

Individuals receiving this service should demonstrate the following generally accepted outcomes.

**Expected Outcomes:**
1. Measured accomplishments, including demonstrated ability to more independently meet basic needs
2. Success and quick turn-around in re-engaging the individual in treatment and/or recovery support following any episodes of drug or alcohol use or lapses in recovery
3. Decrease in substance use or cessation of returning to use
4. Increase education/employment
5. Decreased criminal justice involvement
6. Increased participation in community activities, natural supports, families
7. Stability in housing
8. Increased resources to sustain recovery

**Performance Measures:**
1. Maintain and provide documentation of ALL activities related to service area(s) indicated by:
   a. Number of Unduplicated Persons Served by Peer Recovery Coach services.
   b. Number of Unduplicated Persons Served by Peer Recovery Coach services by Age, Gender, Race and Ethnicity, and Diagnosis(-es)
   c. Number of Unduplicated Persons Receiving Opioid Treatment or Recovery Services as a result of Peer Recovery Coach services.

2. Maintain and provide documentation related to the following:
   a. Number of Cross Planning (partnering/multi-system collaborative) initiatives, service activities implemented with other sectors indicating type and number
   b. Number and type of professional development trainings attended and provided
   c. Number, type (focus groups, surveys, or key-informant interviews), and aggregate results of consumer feedback activities conducted

3. Submit all service data reporting by the 25th working day of each month as related to the Expected Outcomes/Performance Measures.
Section Six: CONSIDERATIONS

LEGAL REQUIREMENTS
Eligible applicants are public or private organizations with a valid West Virginia Business License and/or units of local government. If the applicant is not already registered as a vendor in the State of West Virginia, registration must either be completed prior to award or the vendor must demonstrate proof of such application. Applicants must have or be eligible to obtain a behavioral health license and, if applicable, an office-based medication-assisted treatment registration in the State of West Virginia, and must be able to meet requirements for enrollment as a West Virginia Medicaid provider.

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the designated Grantee applicant to be the sole point of contact about all contractual matters. The grantee may, with the prior written consent of the State, enter written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

All capital expenditures for property and equipment shall be subject to written prior approval of DHHR and must be included as a separate budgetary line item in the proposal. Upon award, regulations regarding the acquisition, disposition and overall accounting for property and equipment will follow those delineated in federal administrative requirements and cost principles. Additionally, the Grantee may be bound by special terms, conditions or restrictions regarding capital expenditures for property and equipment determined by the Department as to best protect the State’s investment.

FUNDING REIMBURSEMENT
All grant funds are awarded and invoiced on a reimbursement basis. Grant invoices are to be prepared monthly and submitted with and supported by the Financial Report and Progress Report to receive grant funds. The grant total invoice should agree with amounts listed on the Financial Report and reflect actual expenses incurred during the preceding service period. All expenditures must be incurred within the approved grant project period in order to be reimbursed. Providers must maintain timesheets for grant funded personnel and activities performed should be consistent with stated program objectives.

ALLOWABLE COSTS
Please note that Departmental Policies are predicated on requirements and authoritative guidance related to Federal grants management and administrative rules and regulations, Grantees shall be required to adhere to those same requirements when administering other DHHR grants or assistance programs, the source of which is non-Federal funds (e.g. state-appropriated general revenue and appropriated or non-appropriated special revenue funds) unless specifically provided direction to the contrary.
COST PRINCIPLES
Subpart E of 2 CFR 200 establishes principles for determining the allowable costs incurred by non-Federal entities under Federal awards. The Grantee agrees to comply with the cost principles set forth within 2 CFR 200 Subpart E, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state-appropriated dollars or a combination of both.

GRANTEE UNIFORM ADMINISTRATIVE REGULATIONS (COST PRINCIPLES AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS)
Title 2, Part 200 of the Code of Federal Regulations (2 CFR 200) establishes uniform administrative requirements, cost principles and audit requirements for Federal awards to non-Federal entities. Subparts B through D of 2 CFR 200 set forth the uniform administrative requirements for grant agreements and for managing Federal grant programs. The Grantee agrees to comply with the uniform administrative requirements set forth within 2 CFR 200 Subparts B through D, regardless of whether the Department is funding this grant award with Federal pass-through dollars, state appropriated dollars or a combination of both.