



General Behavioral Health Block Grant Requirements

1. Applicable Regulatory Provisions

This award is subject to the administrative requirements for HHS block grants under 45 CFR 96 (<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-96>) and any applicable regulations from 2 CFR 200 (<https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>) and 2 CFR 300 (<https://www.ecfr.gov/current/title-2/subtitle-B/chapter-III/part-300>).

2. Use of Supplies and Services for Harm Reduction Activities

SAMHSA recipients are prohibited from using Federal funds, directly or indirectly, including through cost-sharing, matching funds, or subsequent reimbursement, to support so-called "harm reduction" or "safe consumption" efforts that facilitate illegal drug use.

Grant funds may not be used to purchase, distribute, or support drug paraphernalia as defined by law. This includes, but is not limited to, syringes or needles for illicit drug injection; pipes or supplies for safer smoking kits; fentanyl test strips or any other substance test kits, including xylazine and medetomidine test strips*; distribute any other drug paraphernalia or supplies that promote or facilitate drug use not listed here; purchase or distribute any other drug paraphernalia or supplies that promote or facilitate drug use not listed as acceptable in the Dear Colleague Letter: Updated Funding Guidance for Grantees on Supplies and Services (April 24, 2026). Funds also may not support overdose hotlines whose primary purpose is to enable drug use by providing real-time virtual or phone-based accompaniment.

These restrictions do not prohibit funding for legally permissible, evidence-based activities, such as the distribution of life-saving overdose prevention and response services, including purchase/distribution of naloxone or nalmefene and/or other infectious disease prevention services.

Failure to comply with the programmatic requirements in these letters: Dear Colleague Letter: Executive Order on Ending Crime and Disorder on America's Streets America's Streets and the Dear Colleague Letter: Updated Funding Guidance for Grantees on Supplies and Services (April 24, 2026) (which provides updated guidance for grantees on the supplies and services previously defined under harm reduction that can be supported with SAMHSA funding), may result in enforcement actions consistent with 42 U.S.C 300x 55.

** This prohibition does not apply to law enforcement, emergency medical services, public health officials, or healthcare professionals using drug testing technologies in the regular course of discharging their professional duties, or as specifically authorized by the program statute.*

3. Appropriate use of Funds for Medication-Assisted Treatment (MAT)/ Medications for Opioid Use Disorder (MOUD)

As referenced in the Dear Colleague Letter: Updated Guidance on Medication-Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD), SAMHSA funding should be used to provide comprehensive treatment and recovery support services rather than medication-only models for opioid use disorder. Services should include medications, where clinically indicated, in conjunction with psychosocial and other treatment and recovery support services. Funding can also

be used to support individualized tapering and discontinuation of medications when clinically indicated.

Upon achieving stability in treatment and building sufficient recovery support, and at least annually, clinicians should engage in a discussion with patients to assess treatment and recovery goals and the continued use of medications. Continuation should be evaluated on an individual basis, taking into consideration progress toward treatment goals, stability in treatment, recovery capital, and patient preference.

When a shared decision to discontinue medication is made, discontinuation should be a gradual process with intensified support and monitoring to guard against resumption of drug use and done in the context of ongoing comprehensive care.

SAMHSA funding should be used to provide training to clinicians and other behavioral health providers on the clinically appropriate use of medications in the treatment of substance use disorders, including options for safe tapering and discontinuation when clinically indicated, and regular, at least annual, reviews for continuing treatment. This training should include strategies to support shared decision-making by ensuring patients are fully informed of the risks and benefits of medication treatment initiation, continuation, and discontinuation. Training must ensure providers educate patients about and facilitate access to comprehensive substance use treatment and recovery support services.

Training should include tools to support the development of individualized comprehensive treatment plans with patients that include consideration of medication treatment duration, and tapering and discontinuation, as clinically indicated based on the patient's individual circumstances, recovery, and preferences.

Failure to comply with the programmatic requirements found in: Dear Colleague Letter: Updated Guidance on Medication-Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD), may result in enforcement actions consistent with 42 U.S.C 300x 55.

4. Antidiscrimination Compliance Requirement

By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

5. Executive Pay

The Further Consolidated Appropriations Act, 2024 (Public Law 118-47, March 23, 2024) restricts the amount of direct salary to Executive Level II of the Federal Executive pay scale. The Office of Personnel Management released new salary levels for the Executive Pay Scale, and effective January 1, 2024, the salary limitation for Executive Level II is \$221,900.

6. Marijuana Restriction

SAMHSA grant funds may not be used to purchase, prescribe, or provide marijuana or treatment using marijuana. See, e.g., 45 CFR 75.300(a) (requiring HHS to ensure that Federal funding is



expended in full accordance with U.S. statutory and public policy requirements); 21 U.S.C. 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase, or distribution of marijuana).

7. Universal Identifier and System for Award Management (SAM) Requirements

- a. SAM Requirement Unless you are exempted from this requirement under 2 CFR 25.110, Provider must review and update your information in SAM to ensure it is current, accurate, and complete until you submit the final financial report required under this award or receive the final payment, whichever is later. Provider is required to review and update the information at least annually after the initial registration, or more frequently if required by changes in your information or another award term.
- b. Requirement for unique entity identifier if Provider is authorized (reference project description) to make subawards under this award, Provider:
 - i. 1; Must notify potential subrecipients that no entity (see definition in paragraph C of this award term) may receive a subaward from Provider, unless the entity has provided its unique entity identifier to Provider; and 2;
 - ii. May not make a subaward to an entity, unless the entity has provided its unique entity identifier to Provider.

8. Mandatory Disclosures

Consistent with 45 CFR 75.113, Provider must disclose in a timely manner, in writing to the HHS awarding agency with a copy to the HHS Office of Inspector General (OIG), all information related to violations, or suspected violations, of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations, or suspected violations, of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Disclosures must be sent in writing to the HHS OIG at the following address: Attention: SAMHSA U.S. Department of Health and Human Services Office of Inspector General ATTN: Mandatory Grant Disclosures, Intake Coordinator 330 Independence Avenue, SW, Cohen Building, Room 5527 Washington, DC 20201 Fax: (202) 205-0604 (Include Mandatory Grant Disclosures in subject line) or email: MandatoryGranteeDisclosures@oig.hhs.gov Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 remedies for noncompliance, including suspension or debarment (see 2 CFR 180 & 376 and 31 U.S.C. 3321).

9. The Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(G), as amended, and 2 C.F.R. 175)

The Trafficking Victims Protection Act of 2000 authorizes termination of financial assistance provided to a private entity, without penalty to the Federal government, if the recipient or subrecipient engages in certain activities related to trafficking in persons. SAMHSA may unilaterally terminate this award, without penalty, if a private entity recipient, or a private entity subrecipient, or their employees: a) Engage in severe forms of trafficking in persons during the period of time that the award is in effect; b) Procure a commercial sex act during the period of time that the award is in effect; or, c) Use forced labor in the performance of the award or subawards under the award. The text of the full award term is available at 2 C.F.R. 175.15(b). See <http://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-sec175-15.pdf>.

10. Drug-Free Workplace Requirements



The Drug-Free Workplace Act of 1988 (41 U.S.C. 701 et seq.) requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace. When the AR signed the application, the AR agreed that the recipient will provide a drug-free workplace and will comply with the requirement to notify SAMHSA if an employee is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. Government wide requirements for Drug-Free Workplace for Financial Assistance are found in 2 CFR 182; HHS implementing regulations are set forth in 2 CFR 382.400. All recipients of SAMHSA grant funds must comply with the requirements in Subpart B (or Subpart C if the recipient is an individual) of 382.

11. Lobbying

No funds provided under the MHBG may be used by you or any sub-recipient under the grant to support lobbying activities to influence proposed or pending federal or state legislation or appropriations. The prohibition relates to the use of federal grant funds and is not intended to affect your right or that of any other organization, to petition Congress or any other level of government, using other nonfederal resources. Reference 45 CFR 93.

12. Accessibility Provisions

Grant recipients of Federal financial assistance (FFA) from HHS must administer their programs in compliance with Federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age, and in some circumstances sex or religion. This includes ensuring your programs are accessible to persons with limited English proficiency.

The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see: <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>.

Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at <https://www.hhs.gov/civil-rights/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note that it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations.

For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at . <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6>

13. Audits

Provider that expend \$1,000,000 or more in federal awards during the recipient's fiscal year must obtain an audit conducted for that year in accordance with the provisions of 45 CFR 96.31. Recipients are responsible for submitting their Single Audit Reports and the Data Collections Forms (SF-FAC) electronically to the to the Federal Audit Clearinghouse Visit disclaimer page (FAC) within the earlier of 30 days after receipt or nine (9) months after the FY's end of audit period. The FAC operates on behalf of OMB. For specific questions and information concerning the submission



process: Visit the Federal Audit Clearinghouse at or call FAC at the toll-free number: (800) 253-0696
<https://harvester.census.gov/facweb>



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Substance Use Block Grant Recipient Attestations

Providers offering substance use prevention, treatment, and recovery services funded by the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) must comply with all applicable State and Federal requirements (45 CFR 96, Subpart L), as outlined below.

Substance Use Prevention, Treatment, and Recovery Services Block Grant Regulations

Note: Regulations apply to all recipients and subrecipients of SUPTRS Block Grant funding.

1. Interim Services (45 CFR 96.121)

Services that are provided until a Consumer is admitted to a substance use disorder (SUD) treatment program. The purposes of the Services are to reduce the adverse health effects of such substance use, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

2. Early Intervention Services Relating to HIV (45 CFR 96.121)

Appropriate pretest counseling for HIV and AIDS; testing Consumers with respect to such disease, tests to diagnose the extent of the deficiency in the immune system, and test to provide information on appropriate therapeutic measures for preventing and testing the deterioration of the immune system and for preventing and treating conditions arising from the disease; appropriate post-testing counseling; and providing therapeutic measures described in Law.

3. Requirements Regarding Tuberculosis (45 CFR 96.121, 45 CFR 96.127, and 42 USC 300x-24)

- a. The Provider directly, or through arrangements with other public or nonprofit private entities, routinely makes available the following TB services to everyone receiving substance use disorder treatment:
 - Counseling the individual with respect to TB.
 - Testing to determine whether the individual has been infected with mycobacteria TB to determine the appropriate form of treatment for the individual.
 - Appropriate medical evaluation and treatment for Consumers infected by mycobacteria TB
- b. For Consumers denied admission to the program based on lack of capacity, the program refers such Consumers to other providers of TB services.



- c. The Provider has implemented infection control procedures that are consistent with those established by Iowa HHS to prevent the transmission of TB and address the following:
 - Screening patients and identifying those Consumers who are infected or at high risk of becoming infected.
 - Meeting all Iowa HHS reporting requirements while adhering to Federal and State confidentiality requirements, including 42 CFR part 2.
 - Case management activities to ensure that individuals receive such services.
- d. The Provider reports all individuals with active TB as required by State law and in accordance with Federal and State confidentiality requirements, including 42 CFR part 2. To report a case of TB in Iowa, call the TB Control Program 800-362-2736.

4. Non-Supplanting Requirement (45 CFR 96.123 (a)(10))

Federal funds made available shall not be used to supplement and increase the level of state, local and other non-federal funds that would in the absence of such federal funds be made available for the programs and activities for which funds are provided and will in no event take the place of state, local and other non-federal funds.

5. Capacity of Treatment for Persons who Inject Drugs and Interim Services (45 CFR 96.126)

- a. Priority admission must be offered to Consumers who inject drugs, either through immediate admission or priority placement on a waiting list, to Consumers who inject drugs. Interim services are provided to Consumers for injection substance use on the waiting list.
- b. Assure that everyone who requests and needs treatment for intravenous drug use is admitted to a program of such treatment not later than:
 - 14 days after making the request for admission,
 - 120 days if the program has no capacity to admit the individual on the date of the request; and, within 48 hours after the request, the program makes interim services available until the individual is admitted to a substance use disorder treatment program. Programs must report to Iowa HHS when bed capacity reaches 90% and must document such notification including date and outcome of contact with Iowa HHS and interim services or referrals made, within seven (7) days.
 - ***Notification must be provided to Iowa HHS within seven (7) days of reaching 90% treatment capacity.***
 - Provide Interim Services **(45 CFR 96.121)**
- c. Establish a waiting list that includes a unique Consumer identifier for each person who uses injection drugs seeking treatment, including patients receiving interim services.
- d. Ensures that outreach efforts include the following:
 - selecting, training and supervising outreach workers,



- contacting, communicating and following up with high-risk substance user as well as their associates and neighbors (within constraints of 45 CFR Parts 160 and 164 Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2),
 - promoting awareness among persons who inject drugs to the relationship between injecting drug use and communicable diseases such as HIV, TB, etc. to encourage the individuals to enter treatment,
 - recommending steps that can be taken to ensure that HIV transmission does not occur.
- e. A mechanism to maintain contact with Consumers awaiting admission must be in place or established. Provider must maintain documentation of all counseling and education provided, Interim Services provided and/or referrals made, dates of services/referrals, providers referred to and wait list information in the patient's health record and report to Iowa HHS as requested.
 - f. Remove persons awaiting treatment for intravenous substance use off the waiting list only when one of the following conditions occur: such persons cannot be located for admission into treatment, or such persons refuse treatment.

6. Waiting List (45 CFR 96.126 (c))

The State shall require that any program receiving funding from the grant, for the purposes of treating [people who inject drugs], establish a waiting list that includes a unique patient identifier for each injecting drug [user] seeking treatment including those receiving interim services, while awaiting admission to such treatment. For Consumers who cannot be placed in comprehensive treatment within 14 days, the State shall ensure that the program provide such individuals interim services as defined in [§ 96.121](#) and ensure that the programs develop a mechanism for maintaining contact with the Consumer's awaiting admission. The State shall also ensure that the programs consult the capacity management system as provided in [paragraph \(a\)](#) of this section so that patients on waiting lists are admitted at the earliest possible time to a program providing such treatment within reasonable geographic area.

7. Priority in Admission Status (45 CFR 96.131)

Priority in admission to substance use disorder treatment shall be given to Consumers with the greatest clinical need, as follows:

- a. Pregnant women who inject drugs
- b. Pregnant women who misuse substances in other ways
- c. Other Consumers who inject drugs
- d. All others

8. Treatment and Interim Services for Pregnant Women (45 CFR 96.131)

- a. Priority admission must be offered to pregnant women, either through immediate admission or priority placement on a waiting list. Interim services must be provided to pregnant women on a waiting list. If there is insufficient capacity to provide



interim services, the Iowa HHS must be notified immediately to assist in the coordination of the provision of interim services (within 48 business hours).

- b. Preference in admission must be given to pregnant women who seek or are referred for and would benefit from SUPTRS BG funded treatment services. All Providers who serve women and who receive SUPTRS BG funds must provide preference as outlined above and meet the following:
- Publicizes that pregnant women receive preference in admission.
 - Refers pregnant women to Iowa HHS when the program has insufficient capacity to provide services to any such pregnant women who seek services.
 - Makes available interim services within 48 hours to pregnant women who cannot be admitted due to lack of capacity.
 - Provide Interim Services **(45 CFR 96.121)**, including:
 - Counseling on the effects of alcohol and drug use on the fetus, referrals for prenatal care.
 - Documentation of all required elements including documentation of pregnant women capacity, interim services offered, provided and referred.

9. Coordination of Prevention and Treatment Activities (45 CFR 96.132(c))

Coordinate prevention and treatment services with the provision of other appropriate services (including health, social, correctional and criminal justice, education, vocational rehabilitation, and employment services) to ensure clients have access to a full array of services.

10. Confidentiality of Protected Health Information (45 CFR 96.132 (e))

Establish a process to protect the privacy and confidentiality of patient records and information, including proportionate disciplinary action for inappropriate disclosures or breaches and ensuring all staff shall receive annual training in accordance with 42 CFR Part 2 (Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

11. Continuing Education (45 CFR 96.132 (b))

With respect to any facility for treatment services or prevention activities that is receiving amounts from a Block Grant, continuing education in such services or activities (or both, as the case may be) shall be made available to employees of the facility who provide the services or activities. **The States will ensure that such programs include a provision for continuing education for employees of the facility in its funding agreement.**

12. Statewide Assessment of Needs (45 CFR 96.133)

The State is required to submit to the Secretary an Assessment of Need in the State for authorized activities, both by locality and the State in general. SUPTRS BG Providers are required to participate in the annual survey and data collection process.

13. Peer Review Process (45 CFR 96.136, 42 USC 300x-53)



- a. The Provider agrees to participate, if selected, in the Independent Peer Review conducted by the State. The provider agrees to permit and cooperate with federal investigations into the use of the SUPTRS BG.
- b. The Provider must submit such data and reports as required by the State to meet block grant reporting requirements.

14. Payment Schedule (45 CFR 96.137)

When using SUPTRS BG funds for 96.124, 96.127 and 96.128, SUBG funded entities must make every reasonable effort to: Collect reimbursement for costs of providing services to Consumers through other programs or private insurance and secure payments from Consumers in accordance with their ability to pay.

15. Unallowable Expenditures (45 CFR 96.135, 96.137)

SUPTRS BG funding cannot be expended for the purposes listed below:

- Provision of inpatient hospital services.
- Making cash payments to intended recipients of health services.
- Purchase or improvement land; purchase, construct, or permanent improvement (other than minor remodeling) any building or other facility; or purchase of major medical equipment.
- Satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- Provision of financial assistance to any entity other than a public or nonprofit private entity.
- Provision of individuals with hypodermic needles or syringes so that such individuals may use illegal drugs, unless the Surgeon General of the Public Health Service determines that a demonstration needle exchange program would be effective in reducing drug abuse and the risk that the public will become infected with the etiologic agent for AIDS.
- Purchase of Naloxone.
- Strategies to enforce alcohol, tobacco, or drug (ATOD) policies (compliance checks, party patrols, shoulder taps, etc.).
- Services to enforce ATOD Laws.
- Services supporting Screening, Brief Intervention and Referral to Treatment (SBIRT), including promotion of SBIRT and screening.
- Services supporting mental health promotion or mental disorder prevention strategies.
- Meal costs that are unrelated to program participant involvement in evidence-based program implementation.
- Purchase of gift cards.



Additional Substance Use Prevention and Treatment Block Grant Requirements on Services for Pregnant Women and Women with Dependent Children

Note: Regulations apply to recipients and subrecipients who are designated Women & Children providers and offer these enhanced/ancillary services.

Certain Allocations (45 CFR 96.124 (e))

All programs providing such Services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate. The State shall ensure that, at a minimum, treatment programs receiving funding for such Services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children:

1. primary medical care for women, including referral for prenatal care and, while the women are receiving such services, childcare.
2. primary pediatric care, including immunization, for their children.
3. gender specific substance use disorder treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and childcare while the women are receiving these services.
4. therapeutic interventions for children in custody of women in treatment which may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and
5. sufficient case management and transportation to ensure that women and their children have access to services provided by [paragraphs \(e\) \(1\)](#) through [\(4\)](#) of this section.



Other Substance Use Safety Net Provider Requirements

Note: Regulations apply to all recipients and subrecipients of SUPTRS Block Grant funding.

1. Collection of Treatment Episode Data Set (TEDS) Data (42 USC 290aa-4)

- a. TEDS data is required to be collected from facilities regarding their admissions and discharges from substance use/mental health disorder treatment and to submit TEDS data directly to Substance Abuse and Mental Health Services Administration (SAMHSA). Currently, TEDS compiles client-level data for substance use disorder treatment and mental health admissions from funded entities.
- b. The Provider must report TEDS data, to the database as designated by BH-ASO, for all individual service recipients ages 12 and older.

2. Prohibitions regarding receipt of funds (42 USC 300x-56)

The Provider understands the following as conditions regarding receipt of SUPTRS BG funds:

- a. Persons associated with the Provider shall not knowingly and willfully make or cause to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payments may be made from the SUPTRS BG.
- b. Persons associated with the provider with knowledge of the occurrence of any event affecting the initial or continued right of the person to receive any payments from a grant made from the Mental Health Block Grant (MHBG) or SUPTRS BG shall not conceal or fail to disclose any such event with an intent to fraudulently secure such payment either in a greater amount than is due or when no such amount is due.
- c. Any Consumer who violates any prohibition established in this section shall for each violation be fined in accordance with federal law or imprisoned for not more than 5 years, or both.

3. Prohibition on Using Funds for Lobbying (Title 31, USC, Section 1352)

- a. The Provider must not use federal funds to lobby the Executive or Legislative Branches of the State or Federal Government in connection with the MHBG or SUPTRS BG.
- b. If Provider receives federal funds in excess of \$100,000, it must disclose whether and how much it uses any non-federal funds for lobbying.

4. Government-wide Debarment and Suspension (Non-procurement) (13 CFR 400.109)

The Provider agrees to participate in the government-wide exclusion of suspended or debarred personnel and has policies to that effect.



By signing, I attest that Provider and all Personnel of my organization will know, understand, and comply with federal Substance Use Prevention and Treatment Block Grant requirements.

If Provider provides Women and Children Treatment, I further attest that Provider and all Personnel will comply with the additional requirements for Pregnant Women and Women with Dependent Children.

I attest that I have the authority to sign on behalf of the Provider.

Organization Name:

Signature of Authorized Individual:

Typed Name of Signatory:

Title of Signatory:

Date Signed:



Community Mental Health Services Block Grant (MHBG) Recipient Attestations

Providers offering community-based mental health services funded by the MHBG must comply with all applicable State and Federal requirements (42 USC CHAPTER 6A, SUBCHAPTER XVII, Part B, subpart i: block grants for community mental health services), as outlined below.

Note: Regulations apply to all recipients and subrecipients of MHBG funding.

14. Targeted Populations.

- a. Adults with Serious Mental Illnesses (SMI) means Consumers ages 18 and older who have a diagnosable behavioral, mental, or emotional condition – as defined by the Psychiatric Association’s Diagnostic and Statistical manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits, one or more major life activities, such as:
 - Basic daily living (for example, eating or dressing)
 - Instrumental living (for example, taking prescribed medications or getting around the community)
 - Participating in family, school, or workplace
- b. Children with Serious Emotional Disturbances (SED) means Consumers up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child’s role or functioning in family, school, or community activities.

15. Providers of Services.

- a. Services funded by MHBG must be provided only through appropriate, qualified community programs (which may include community mental health centers, child, mental-health programs, psychosocial rehabilitation programs, mental health peer-support programs, and mental-health primary consumer-directed programs)
- b. Community mental health centers must provide the following services:
 - a. Services principally to Consumers residing in a defined geographic area (hereafter in this subsection referred to as a "service area").
 - b. Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.
 - c. 24-hour-a-day emergency care services.
 - d. Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.
 - e. Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission.
- c. The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.
- d. The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high-quality care.

16. Unallowable Activities



- Provision of inpatient services.
- Making cash payments to intended recipients of health services.
- Purchase or improvement land; purchase, construct, or permanent improvement (other than minor remodeling) any building or other facility; or purchase of major medical equipment.
- Satisfying any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
- Provision of financial assistance to any entity other than a public or nonprofit private entity.
- Paying for salaries of administrators and supervisors not directly involved in carrying out the Agreement.
- Ongoing overhead costs such as space, utilities, clerical services, and accounting services or cost of any audits.
- Supplant existing resources dedicated to the funding of services.
- Purchase goods for a client (examples: food, phone service, phones, computers, gas cards).

The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see: <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>.

Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.

Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under Federal civil rights laws at <https://www.hhs.gov/civil-rights/index.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note that it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations.

For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at . <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6>

Administrative requirements for HHS block grants are located in 45 CFR 96 <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-96> and 45 CFR 75 <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>.

I attest that I have the authority to sign on behalf of the Provider.

Organization Name:

Signature of Authorized Individual:

Typed Name of Signatory:

Title of Signatory:

Date Signed:

