

# State of Colorado Department of [Insert Department Name]

## Subrecipient Program Eligibility Checklist for SLFRF Expenditure Category 1.12: Mental Health Services

### Applicant & Proposed Funding Use Eligibility Determination Checklist<sup>1</sup>

This eligibility checklist is intended to assist the Department verify and document the eligibility of proposed programs and other initiatives by the Department and/or its subrecipients relative to the requirements of U.S. Treasury State & Local Coronavirus Fiscal Recovery Funding (SLFRF) Expenditure Category (EC) 1.12 (“Mental Health Services”) and other applicable federal rules.

#### I. Basic Project Information

SLFRF Funded Project Name (if applicable)	Click or tap here to enter text.
Department (SLFRF Grantor)	Colorado Department of [Insert Department Name]
Subrecipient (if applicable)	Click or tap here to enter text.
Applicant Name	Click or tap here to enter text.
Application Reviewer	Click or tap here to enter text.
Award Amount Requested	Click or tap here to enter text.
Awarded Amount	Click or tap here to enter text.
Anticipated Subrecipient Program Start	Click or tap here to enter text.
Anticipated Subrecipient Program End	Click or tap here to enter text.

#### II. Eligible Benefitting Class Determination

Programs funded by SLFRF can assist the general public with mental health services as a means of addressing negative public health impacts from the COVID-19 public health emergency.<sup>2</sup> This section should be used to document that the proposed service program meets applicable SLFRF rules as to eligible beneficiaries. This section should also be used to document whether the proposed program meets any separate Department standards for program beneficiary eligibility, if applicable. Any supporting information that is required as evidence of meeting these thresholds (e.g., provider licenses, targeted locations, etc.) would also be described in this section; in addition to being attached as separate documentation.

Does the Provider qualify to be able to implement Department programs?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Program include eligibility standards that will accommodate the Department and U.S. Treasury’s intended beneficiaries for this Expenditure Category?

<sup>1</sup> This checklist is intended to aid SLFRF grantees in documenting programmatic funding use compliance with U.S. Treasury Coronavirus State and Local Fiscal Recovery Fund Rules (87 Fed. Reg. 4338) (hereinafter referred to as “SLFRF Funding Rules”) and other applicable federal regulations. Completion of the checklist should not be construed as a substitute for all measures necessary to assure that applicable federal rules for program design, execution, reporting, and related funding use and cost management are adequately documented and reported upon according to U.S. Treasury rules and the overarching Code of Federal Regulations.

<sup>2</sup> See SLFRF Funding Rules, 87 Fed. Reg. 4338, 4353. “Treasury presumes that all enumerated eligible uses for programs and services, including COVID-19 mitigation and prevention programs and services, are reasonably proportional responses to the harm identified unless a response is grossly disproportionate to the type or extent of harm experienced.”

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<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe and attach supporting documentation
If the activity is intended to serve the general public is it reasonably proportional to the harm that is the object of the intervention?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe and attach supporting documentation
<i>(For programs intended to respond to an increase in mental health issues for special populations only)</i>
Is the program designed to provide mental health treatment measures targeting special “communities disproportionately experiencing an increase in mental health issues”?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe and attach supporting documentation:

**III. Intended Program Assistance Eligibility Determination (Programs should align with at least one activity in any of the below program categories)<sup>3</sup>**

If the Program provide funds to expand access to evidence-based treatments, select from the below.
<input type="checkbox"/> Services for opioid use disorder prevention, treatment, harm reduction, and recovery <input type="checkbox"/> Naloxone distribution or syringe service programs <input type="checkbox"/> Outreach to individuals in active use, post-overdose follow-up programs <input type="checkbox"/> Programs for diversion from the criminal justice system, and contingency management interventions.
Please describe and attach a description of the evidence-based approach utilized by the Provider for any of the above services being offered.
If the Program provides one or more of the following eligible services across the continuum of care, select from below.

<sup>3</sup> See SLFRF Funding Rules, 87 Fed. Reg. 4338, 4353. U.S. Treasury permits a wide latitude of public health programs to be funded by SLFRF as captured among SLFRF ECs 1.1-1.14. Nonetheless, in addition to properly documenting uses of SLFRF for public health in the appropriate EC, any such investment must not “[impose] conditions on participation in or acceptance of the service that would undermine efforts to stop the spread of COVID-19 or discourage compliance with recommendations and guidelines in CDC guidance for stopping the spread of COVID-19.” “Recipients may not use funds for a program that undermines practices included in the CDC’s guidelines and recommendations for stopping the spread of COVID-19. This includes programs that impose a condition to discourage compliance with practices in line with CDC guidance (e.g., paying off fines to businesses incurred for violation of COVID-19 vaccination or safety requirements), as well as programs that require households, businesses, nonprofits, or other entities not to use practices in line with CDC guidance as a condition of receiving funds (e.g., requiring that businesses abstain from requiring mask use or employee vaccination as a condition of receiving SLFRF funds).”

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<ul style="list-style-type: none"><li><input type="checkbox"/> Behavioral health care</li><li><input type="checkbox"/> Mental health treatment</li><li><input type="checkbox"/> Expand access to mental health services</li><li><input type="checkbox"/> Harm reduction programs</li><li><input type="checkbox"/> Substance use prevention</li><li><input type="checkbox"/> Outpatient Treatment</li><li><input type="checkbox"/> Inpatient Treatment</li><li><input type="checkbox"/> Crisis Care</li><li><input type="checkbox"/> Acquire and/or construct behavioral health facilities (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers)</li><li><input type="checkbox"/> Purchase equipment related to providing behavioral health services</li><li><input type="checkbox"/> Other behavioral health services not enumerated above</li></ul>
<p>If the Program provides one or more of the following eligible services for “Special Populations”, select from below.</p>
<ul style="list-style-type: none"><li><input type="checkbox"/> Diversion Programs</li><li><input type="checkbox"/> First responder or law enforcement-mental health co-responder programs</li><li><input type="checkbox"/> Outreach to individuals not yet engaged in treatment</li><li><input type="checkbox"/> Enhanced behavioral health services in schools</li><li><input type="checkbox"/> Services for pregnant women or infants born with neonatal abstinence syndrome</li></ul> <p>Please describe and attach a description of the special populations that are the focus of any of the above applicable activities.</p>
<p>If the Program provides one or more of the following eligible services that are typically or not billable to insurance, select from below*</p>
<ul style="list-style-type: none"><li><input type="checkbox"/> Peer support groups</li><li><input type="checkbox"/> Costs for residence in supportive housing or recovery housing</li><li><input type="checkbox"/> 988 National Suicide Prevention Lifeline or other hotline services</li></ul> <p>Please state the insurance or funding sources that is being augmented with SLFRF funds if applicable.</p>
<p>Does the program use funds in conjunction with other federal grants or programs (see section Program Administration Provisions of Final Rule)?</p>
<p>Please describe the use of funds as applicable to this use case.</p>
<p>Would the Department or its Provider(s) be using SLFRF for capital expenditures? If Yes to any of the below, please also complete Section IV.</p>
<ul style="list-style-type: none"><li><input type="checkbox"/> Construction of inpatient or outpatient treatment facilities or crisis or diversion centers</li><li><input type="checkbox"/> Improvements to property of inpatient or outpatient treatment facilities or crisis or diversion centers</li><li><input type="checkbox"/> Purchasing of equipment for of inpatient or outpatient treatment facilities or crisis or diversion centers</li></ul>

\*However, SLFRF funds may not be used to reimburse a service that was also billed to insurance.

#### IV. Capital Expenditures Documentation

Capital expenditures related to behavioral health that Treasury recognizes as eligible include behavioral health facilities and equipment (e.g., inpatient or outpatient mental health or substance use treatment facilities, crisis centers, diversion centers), as long as they adhere to the standards detailed in the Capital Expenditures section of the Final Rule. In the event the project involves investment in capital expenditures, the following information should be documented for U.S. Treasury reporting.

1. Does this request include capital expenditures?	Choose an item.
2. If yes, select what type of capital expenditure is involved?	
Choose an item.	
a. If other capital expenditure type, please specify:	
3. Are the capital expenditures (including pre-development costs) expected to be <b>over \$1 million</b> ? If yes, please answer the questions below as an attached response to this profile.	Choose an item.
a. <b>Description of the harm or need to be addressed.</b> Please provide a description of the specific negative economic harm or need to be addressed and why the harm was exacerbated or caused by the public health emergency. The response should include quantitative information on the extent and the type of harm, such as the number of individuals or entities affected.	
b. <b>Explanation of why a capital expenditure is appropriate.</b> Please include an explanation of why existing equipment and facilities, or policy changes or additional funding to pertinent programs or services, would be inadequate.	
c. <b>Comparison of proposed capital project against at least two alternative capital expenditures and demonstration of why the proposed capital expenditure is superior.</b> Applicants should consider the effectiveness of the capital expenditure in addressing the harm identified and the expected total cost (including pre-development costs) against at least two alternative capital expenditures.	
4. Do you foresee any issues providing supporting documentation to help with cost tracking? (i.e., FMS reports, financial statements, invoices)? If yes, please describe any limitations to providing this information.	Choose an item.
5. For projects with total expected capital expenditures of <b>over \$10 million</b> , Treasury requires quarterly reporting for labor. If applicable, please, describe the process in place to allow you to monitor and track the following information. (If no process is in place, please describe any limitations in gathering this information). Please address the following required information sets as an attached response to this profile. <ul style="list-style-type: none"> <li>a. Projected/actual construction start date (month/year)</li> <li>b. Projected/actual initiation of operations date (month/year)</li> <li>c. Location</li> </ul>	

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<p>d. Certification that, for the relevant project, all laborers and mechanics employed by contractors and subcontractors in the performance of such project are paid wages at rates not less than those prevailing, as determined by the U.S. Secretary of Labor in accordance with the “Davis-Bacon Act,”<sup>4</sup> for the corresponding classes of laborers and mechanics employed on projects of a character similar to the contract work in the civil subdivision of the State in which the work is to be performed, or by the appropriate State entity pursuant to a corollary State prevailing-wage-in-construction law (commonly known as “baby Davis-Bacon Acts”).</p> <p>e. If the above certification is not provided, a grantee must provide a project employment and local impact report detailing:</p> <ul style="list-style-type: none"> <li>i. The number of employees of contractors and sub-contractors working on the project</li> <li>ii. The number of employees on the project hired directly and hired through a third party</li> <li>iii. The wages and benefits of workers on the project by classification; and</li> <li>iv. Whether those wages are at rates less than those prevailing.</li> <li>v. Grantees must maintain sufficient records to substantiate this information upon request.</li> </ul> <p>f. Certification that a project includes a project labor agreement, meaning a pre-hire collective bargaining agreement consistent with section 8(f) of the National Labor Relations Act (29 U.S.C. 158(f)). If the recipient does not provide such certification, the recipient must provide a project workforce continuity plan, detailing:</p> <ul style="list-style-type: none"> <li>i. How the recipient will ensure the project has ready access to a sufficient supply of appropriately skilled and unskilled labor to ensure high-quality construction throughout the life of the project, including a description of any required professional certifications and/or in-house training;</li> <li>ii. How the recipient will minimize risks of labor disputes and disruptions that would jeopardize timeliness and cost-effectiveness of the project;</li> <li>iii. How the recipient will provide a safe and healthy workplace that avoids delays and costs associated with workplace illnesses, injuries, and fatalities, including descriptions of safety training, certification, and/or licensure requirements for all relevant workers (e.g., OSHA 10, OSHA 30);</li> <li>iv. Whether workers on the project will receive wages and benefits that will secure an appropriately skilled workforce in the context of the local or regional labor market; and</li> <li>v. Whether the project has completed a project labor agreement.</li> </ul>	
g. For capital projects totaling over \$10 million, does the project prioritize local hires?	Choose an item.
h. For capital projects totaling over \$10 million, does the project have a Community Benefit Agreement, with a description of such agreement?	Choose an item.

**V. Subrecipient/Contractor/Beneficiary Fund Use Tracking Determination**

SLFRF Grantees must monitor and document that SLFRF use among their subrecipients, beneficiaries, and contractors is consistent with applicable grant rules, the Code of Federal Regulations, and other applicable federal, state, and local regulations. Subrecipients of SLFRF Grantees have the same obligation to monitor and document funding use compliance for their own subrecipients, beneficiaries, and contractors. This section should be used to

<sup>4</sup> 40 USC 31, subchapter IV

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confirm that appropriate documentation and controls are in place based on the designation status of parties involved with the Program.

1. Is the Provider considered a <b>subrecipient</b> ?	Choose an item.
a. If yes, is the amount of SLFRF to be received greater than \$50,000?	Choose an item.
b. If yes, please attach a description of the process to be utilized in evaluating the subrecipient's compliance risks (e.g., prior experience in managing federal funds, previous audits, personnel; along with processes to be used monitor funding use by the subrecipient.	
c. If the Applicant is a subrecipient that will in turn disburse SLFRF to its own subrecipients or contractors, please attach a description of the processes that the Applicant will use to monitor and oversee such funding use.	
2. Is the Provider considered a <b>beneficiary</b> ?	Choose an item.
a. If yes, are individual payment(s) anticipated to be more than \$50,000?	Choose an item.
b. If yes, please attach a description of the process through which such beneficiaries are assessed for eligibility, funding use in line with program rules, the avoidance of duplicating benefits, and monitoring for fraudulent activity.	

## VI. Other Federal Regulation Applicability Determination

Depending on the nature of the aid, confirm whether other federal regulations may apply outside of SLFRF program requirements. The following is a checklist to use in confirming the applicability of some of the most common additional regulations that could apply.	
a. Does the aid provided adhere to Uniform Cost Principles under the Code of Federal Regulations (2 C.F.R. 200)	Choose an item.
b. Does the aid provided adhere to any applicable federal, state, and local procurement, contracting, and conflicts-of-interest laws and regulations (including validation that contractors are in good standing)	Choose an item.

## VII. Duplication of Benefit Determination

Has the Applicant received any of the below types of financial assistance <u>for the same purpose</u> as what the Applicant is seeking through this program?	
a. Other federal, state, or local public funding? (including subsidized loans)	Choose an item.
b. Insurance proceeds of any type? (Including amount for which applicant was entitled to receive but did not collect)	Choose an item.
c. Philanthropic, Foundation, or other charitable grants, gifts, or other awards for the same purpose as what the Applicant seeks through this program.	Choose an item.
What is the total amount of funding that the Applicant has received from any of the below sources of funding for the same purpose as the program?	

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a. Other federal, state, or local public funding? (including subsidized loans)	\$
b. Insurance proceeds of any type (Including amount for which applicant was entitled to receive but did not collect)	\$
c. Philanthropic, Foundation, or other charitable grants, gifts, or other awards for the same as purpose as what the Applicant seeks through this program.	\$
Total Amount in Duplicating Benefit (for same purpose as Program Award):	\$
Adjusted Award Total:	
Initial Award Amount (without DOB calculation):	\$
Adjusted Award Amount (Initial Award Amount minus Total Amount in Duplicating Benefit):	\$