



STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH

RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV



Kay Ivey
Governor

Kimberly G. Boswell
Commissioner

MEMORANDUM
23-MHSU-04

To: Providers

From: ADMH

Date: December 5, 2023

Re: State ARPA Funds- ADMH Grant Program

Under the federal American Rescue Plan Act of 2021, Public Law No. 117-2 Stat. 4. ("ARPA"), the State of Alabama was appropriated funding to support the delivery of health care and related services to citizens of Alabama related to the coronavirus pandemic. ADMH requested and received funding which has been used to establish a grant program to reimburse provider agencies that offer essential services to individuals with mental illness, substance use disorders, and developmental disabilities for eligible and verifiable COVID-19-related expenditures.

ADMH has decided to make these grant funds available to MHSU providers, allowing them to apply for reimbursement of COVID-19-related expenditures incurred on or after March 3, 2021. If requesting reimbursement for mental health, substance use or prevention services, the MHSU Providers must be certified by ADMH to provide such services.

The grant funds are open to all MHSU providers who have a current contract with ADMH.

Reimbursement for mental health, substance use, and prevention services will be reimbursed at the current published ADMH rates.

ADMH will immediately begin validating submissions for funding starting December 5, 2023. Before your organization's submission is validated and processed, the following form and invoice must be submitted to the appropriate MHSU fiscal manager:

1. Certificate and Assurance Form (Included)
2. The ADMH Grant Program Invoice (Attached, please submit as an Excel document, not a PDF)
3. Invoices containing Mental Health and/or Substance Use Treatment Services must be accompanied by the ADMH ARPA Grant Program Screening Tool and the Patient Services Detail report (Attached)
4. Invoices for Prevention Services in a congregate setting must be submitted with the Prevention Services Report (Attached)

All funds must be used in accordance with the conditions, provisions, and terms of the American Rescue Plan (ARP) federal State Recovery Fund terms.

Expenditures allowable for reimbursement are as follows:





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- COVID-19 Vaccination
- COVID-19 Testing
- COVID-19 Contact Tracking
- Prevention in Congregate Settings
- Personal Protective Equipment
- Medical Expenses (including Alternative Care Facilities)
- Mental Health Services (which includes Substance Use Disorder Treatment Services and Prevention Services)

Should you have any questions, please reach out to the appropriate fiscal manager. The department appreciates all your organization has done to "Serve, Empower, and Support" during this unprecedented time.



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**Coronavirus State and Local Fiscal Recovery Fund
Certification and Assurance Form**

1. _____ I certify that my agency accepts liability for repayment of grant funds, legal costs, and any penalties under violation of these terms.
2. _____ I understand that the State will rely on this certification as a material representation in making an award to my agency.
3. _____ I certify that my agency is a “beneficiary” of the funding received under this grant program and will comply with applicable reporting requirements.
4. _____ I certify that I agree to maintain records concerning the funds provided in this award. Such records must be available for review or audit by appropriate federal and pass-through agency officials.
5. _____ I certify that appropriate support documentation (invoice supported by a general ledger trial balance or canceled check or a detailed receipt) is attached to verify that the expenditures for which reimbursement is being requested are allowable and incurred on after March 3, 2021, or on or before December 31, 2024.
6. _____ I certify that that the request for repayment does not supplant any other funding nor has my agency received reimbursement for these services or products from any other funding source.
7. _____ I certify that I shall comply with Title VI of the Civil Rights Act of 1964, which prohibits recipients of federal financial assistance from excluding from a program or activity, denying benefits of, or otherwise discriminating against a person on the basis of race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by the Department of the Treasury’s Title VI regulations, 31 CFR Part 22, which are herein incorporated by reference and made a part of this Agreement. Title VI also includes protection to persons with “Limited English Proficiency” in any program or activity receiving federal financial assistance, 42 U.S.C. § 2000d et seq., as implemented by the Department of the Treasury’s Title VI regulations, 31 CFR Part 22, and herein incorporated by reference and made a part of this Agreement.
8. _____ I certify that any publications produced from this award will display the following language: “This project [is being] [was] supported, in whole or part, by federal award number SLFRP2635 awarded to the State of Alabama by the U.S. Department of the Treasury.”

I, the named authorized signatory, hereby certify under the pains and penalties of perjury that I have the authority on behalf of the entity below to request payment from the State of Alabama (‘State’) of funding from the Coronavirus State and Local Fiscal Recovery Fund.

Agency Name: _____

Executive Director or Authorized Signer: _____ Date: _____

