

# DATA 2000 Waiver Training Payment Program

## Overview

This page is for Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) organizations who are applying for payment under the Drug Addiction Treatment Act of 2000 (DATA 2000) Waiver Training Payment Program.

This program aims to improve health care, including for rural populations, by promoting greater access to substance use disorder treatment through payments to FQHCs and RHCs for each eligible provider possessing a DATA 2000 waiver on or after January 1, 2019. This program is a collaboration of HRSA's Office of Planning, Analysis, and Evaluation; Federal Office of Rural Health Policy; Bureau of Primary Health Care; and the Substance Abuse and Mental Health Services Administration.

Eligible providers include only those who:

- Are a physician, physician assistant, nurse practitioner, certified nurse midwife, clinical nurse specialist, or certified registered nurse, anesthetist;
- First obtained a DATA 2000 waiver on or after January 1, 2019; and
- Are employed by or working under contract for the applying FQHC or RHC.

An eligible provider may be claimed only once by an eligible FQHC or RHC.

Applications must be submitted through HRSA's Electronic Handbooks, EHBs.\* After submitting the application, HRSA will review the applications and disburse payments to eligible organizations.

This wiki page will walk you through the steps of submitting the application in the EHBs.



### \*Note




FQHCs and RHCs will need a System for Award Management (SAM) account in order to apply. For information on how to create a SAM account, visit [SAM.gov](https://sam.gov). And for help on setting up a SAM account, you can watch this [helpful video](#).

FQHCs and RHCs will also need a HRSA Electronic Handbooks (EHBs) account in order to apply. To create an EHBs account, visit the [EHBs Registration page](#). And for help on setting up an EHBs account, you can watch the helpful video on the [Getting Started in the EHBs](#) help page.

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- [Navigating to the DATA 2000 Waiver Training Payment Program Page](#)
- [Create New Application](#)

## Additional Resources

F A Qs	DATA 2000 Waiver Training Payment Program FAQs
D A T A 2 0 0 0 W a i v e r T r a i n i n g P a y m e n t P r o g r a m V i d e o	
S e t t i n g u p a S A M a c c o u n t V i d e o	
G e t t i n g S t a r t e d i n t h e E H B s V i d e o	

## Navigating to the DATA 2000 Waiver Training Payment Program Page

- 1 Log in to the EHBs through the Applicant/Grantee portal: <https://grants.hrsa.gov/2010/webEPSInternal/EHBHome.aspx>

 **Electronic Handbooks**

  
**Applicant/Grantee**  
Use this link if you are applying for, or have been awarded a HRSA grant and you need to access the HRSA Electronic Handbooks (EHBs). Using this link, you can also access the FTCA or FQHC system.

  
**Grantor**  
Use this link if you are a HRSA employee and you need to access your HRSA ElectronicHandbooks (EHBs).

  
**FI Review**  
Use this link if you want to register to become a CHGME Auditor or if you already are one and need to access your work.

  
**Consultant/Expert**  
Use this link if you are a Consultant/Expert providing technical assistance to HRSA or HRSA supported organizations and you need to access the Technical Assistance Tracking System (TATS).

  
**Vendor**  
Use this link if you are a vendor providing technical assistance consulting services to HRSA and you need to access the Technical Assistance Tracking System (TATS).

  
**Technical Analyst**  
Use this link if you are a Technical Analyst (TA) providing services to HRSA and you need to access the Maternal Infant Early Childhood Home Visiting (MIECHV) Annual and/or Quarterly Reports.

  
**Service Provider**  
Use this link if you are a HAB provider and you need to access the HRSA Electronic Handbooks (EHBs).

  
**Program System Administrator**  
Use this link if you are a HAB Program System Administrator and you need to access the HRSA Electronic Handbooks (EHBs).

2 Then, click **Login** to access your account.

**Note:** If you do not have a Login.gov account, click Create Login.gov Account and set up your Login.gov account. For more information about logging in EHBs [Login Process](#) help pages.

**Applicant/Grantee**

**LOGIN.GOV**

The EHBs uses Login.gov and two-factor authentication to enhance security. Use your existing Login.gov account, with the same email used for the EHBs, or create a new Login.gov account.

[Create Login.gov Account](#)

[Login](#)

**What's New** [View all](#)

**What's New Go Live Grantee Message** 01/28/2022

**What's New Message :**  
**New Prior Approval (PA) and Other Submissions (EDM) Budget Forms**

The EHBs has ... (Read More)

**What's New Go Live Grantee Message** 10/29/2021

**What's New Message :**  
**Transition to Unique Entity Identifier (UEI) – October 2021 updates**  
HRSA's Electronic Handbooks (EHBs) has been further updated t... (Read More)

**Learning**

**Grant Program** [↗](#)

**Free Clinic Program** [↗](#)

**FQHC-LAL Program** [↗](#)

**Other Links**

**Browser Requirements** [↗](#)

**Funding Opportunities** [↗](#)

**Track Grant Application** [↗](#)

**Help** [↗](#)

**Other EHBs Portals**

**Contact Us**

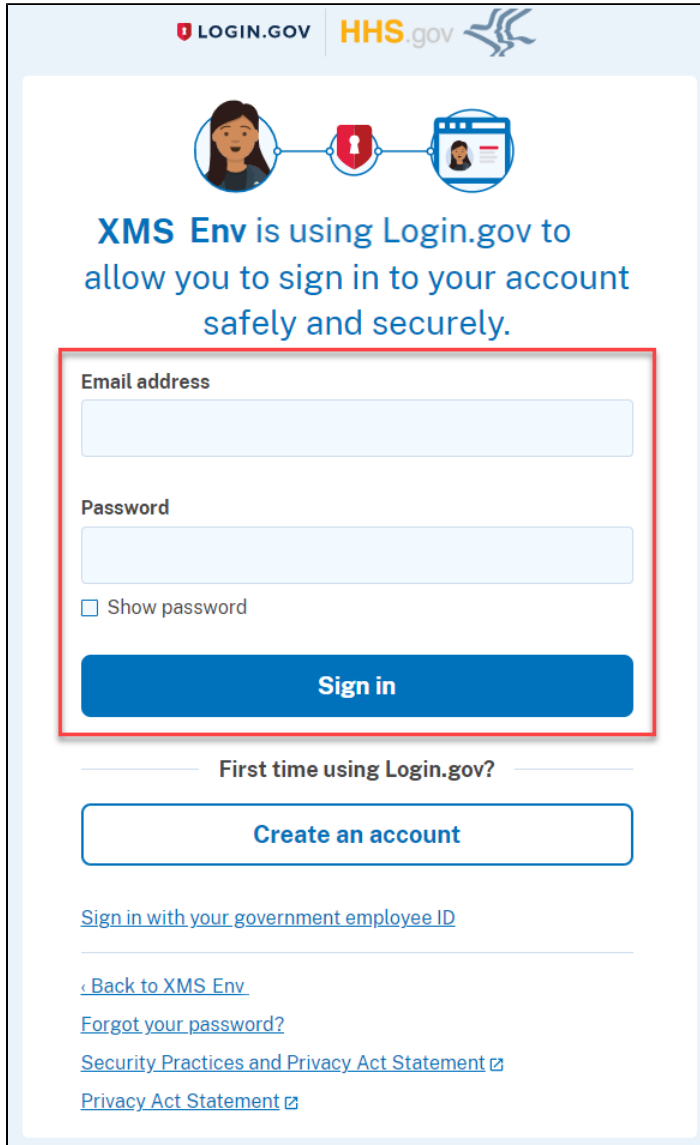
**Contact** **EHBs Customer Support**

📞 877-464-4772 🕒 7:00 a.m. to 8:00 p.m. (ET)

✉ Email Support 📅 Monday through Friday

📍 HRSA Help Center 🗓 Closed All Federal Holidays

- 3 Enter your Login.gov email address, password, and click **Sign In**. Then follow the prompts to complete two-factor authentication and access the EHI



LOGIN.GOV HHS.gov

XMS Env is using Login.gov to allow you to sign in to your account safely and securely.

Email address

Password

☐ Show password

Sign in

First time using Login.gov?

Create an account

[Sign in with your government employee ID](#)

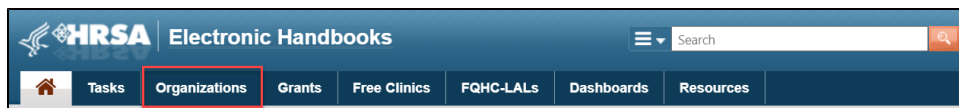
[Back to XMS Env](#)

[Forgot your password?](#)

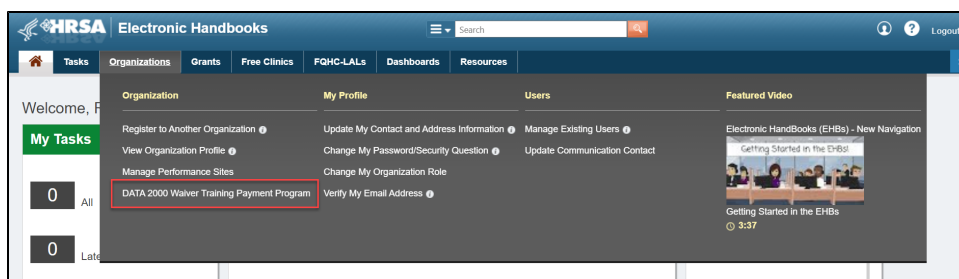
[Security Practices and Privacy Act Statement](#)

[Privacy Act Statement](#)

- 4 Hover over the **Organizations** tab in the top navigation bar in the EHBs.



- 5 Click on **DATA 2000 Waiver Training Payment Program** from the drop-down list.

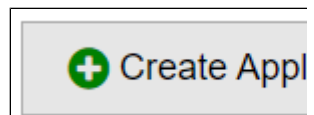


- 6 You will land on the DATA 2000 Waiver Training Payment Program – List page where you can see all your organization's applications for this program. Use the **buttons** next to the page title to view help materials for the program, such as the help video, wiki help page, and FAQ.
- Helpful tip!** You can see all your organization's applications for this program, even if someone else in the organization created the application.

- 7 On the list page you can view information about each application.
- A. The left side of the row lists the **Date Created** for the application.
  - B. Each application also contains a **Tracking Number**. Use the text box to search for a specific tracking number.
  - C. You can view the **Organization Name** tied to each application.
  - D. The **Application Submission Status** allows you to easily see where each application is in the process: Application in Progress, Submitted, etc.
  - E. Click on **Edit** in the Options column to open and make edits to the application before it is submitted.
  - F. Click on **View** in the Options column to open and view a read-only version of the application.

## Create New Application

- 8 To create a new application, click **Create Application**.



- 9 If you are only associated with one organization in the EHBs, you will land directly on the application.

- 10 If you are associated with multiple organizations, you will land on the Choose Organization page where you can select the organization for which you organization and you will land on the application page.

**DATA 2000 Waiver Training Payment Program - Choose Organization**

**Note:**  
Please select one Organization by selecting one of the cards below

**Select Organization**

<p>Organization Name <b>TUSCARORY KNITTERS HOSPITAL DISTRICT</b> UEI Number <b>B5790295LB21</b></p>	<p>Organization Name <b>WILLIAMSON REPLICATION HEALTH CENTER</b> UEI Number <b>B5790295LB21</b></p>
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- 11 The **DATA 2000 Waiver Training Payment Program – Application for Payment** page contains the full application to complete for this program.

The application is divided into four parts:

- A. Part A – Organization Information
- B. Part B – Contact Information
- C. Part C – Physician and Practitioner Information
- D. Part D – Certification Statement
- E. Be sure to **click Save** as you work through the application so you do not lose your work.

**DATA 2000 Waiver Training Payment Program - Application for Payment**

Fields with ★ are required

OMB No. 0906-0061  
Expiration Date: 02/29/2024

**A Part A - Organization Information**

Legal Name of Qualifying Entity: HOSPITAL  
(Federally Qualified Health Center or Rural Health Clinic)

★ UEI Number: B5790295LB

★ Employer/Tax Identification Number (EIN/TIN): 475475475

★ Facility CMS Certification Number (CCN):  
Congressional District (Location Associated with EIN/TIN): 26

Address Associated with CCN: 2510 AVE. CA 91403-3099  
(If different from EIN/TIN) (Street, City, County, State, Zip/Postal Code)

Address Associated with EIN/TIN: 2510 AVE. CA 91403-3099  
(Street, City, County, State, Zip/Postal Code)

**B Part B - Contact Information (Name and contact information of person to be contacted on matters involving this application)**

Prefix: Harry  
★ First Name: Harry  
Middle Name: Potter  
★ Last Name: Potter  
Suffix:

Title: 0000000000  
★ Phone Number: 0000000000  
Fax Number: retester1@hotmail.com  
★ Email Address:

**C Part C - Physician and Practitioner Information (Click on Add Practitioners to add more Physicians or Practitioners)**

Add Physician/Practitioner

**D Part D - Certification Statement**

By signing this application, I certify that (1) each practitioner for which this entity is seeking payment under this application is employed by or working under contract for this facility, (2) this is the first time this entity is seeking payment on behalf of the listed practitioner(s), (3) this entity is eligible to seek payment under 42 U.S.C. 1395m(o)(3) or 42 U.S.C. 1395l(bb), (4) each practitioner is furnishing opioid use disorder treatment services, and (5) that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)


☐ I Agree

Cancel **E Save Submit**

- 12 The **Part A – Organization Information** section prepopulates most of the fields based on the information entered when the organization was registered. To make changes to the organization, you will need to make the changes in [SAM.gov](https://www.sam.gov).

Be sure to enter the **Facility CMS Certification Number (CCN)**, as this is new information needed for this application.

**Helpful tip!** The CCN was previously known as the Medicare/Medicaid Provider Number, OSCAR Provider Number, Medicare Identification Number, or the CCN, please visit <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r29soma.pdf>.

 DATA 2000 Waiver Training Payment Program - Application for Payment

Fields with ★ are required

OMB No. 0906-0061  
Expiration Date: 02/29/2024

**Part A - Organization Information**

Legal Name of Qualifying Entity NORTHEAST COMMUNITY CLINIC, THE <small>(Federally Qualified Health Center or Rural Health Clinic)</small>	★ UEI Number U6NKJVSBRBM8	★ Employer/Tax Identification Number (EIN/TIN) 952687213
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★ Facility CMS Certification Number (CCN)

Congressional District (Location Associated with EIN/TIN)  
44

Address Associated with CCN  
(If different from EIN/TIN) (Street, City, County, State, Zip/Postal Code)

Address Associated with EIN/TIN  
200 E Anaheim St Wilmington CA 90744-4516  
(Street, City, County, State, Zip/Postal Code) [Activate Windows](#)

- 13 The **Part B – Contact Information** section prepopulates based on the name, phone number, and email from the EHBs for the user that created the application. Changes to any of the fields if the contact information needs to be updated.

**Part B - Contact Information** (Name and contact information of person to be contacted on matters involving this application)

Prefix	★ First Name Harry	Middle Name	★ Last Name Potter	Suffix
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Title	★ Phone Number 0000000000	Fax Number	★ Email Address reilester1@hotmail.com
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- 14 Use the **Part C – Physician and Practitioner Information** section to enter the information for each Physician or Practitioner from your organization. Click the **Physician/Practitioner** button to start or add additional Physicians or Practitioners.

 If more than one Physician/Practitioner from your organization completed the training, complete a separate form for each person by clicking

**Part C - Physician and Practitioner Information** (Click on Add Practitioners to add more Physicians or Practitioners)

 Add Physician/Practitioner



15 Complete all of the required fields on the Physician/Practitioner form.

A. The Practitioner's National Provider Identifier (NPI) Number is verified with the 'NPPES NPI Registry' registry to ensure it matches.

**Note:** Only those Physicians/Practitioners who are registered with NPI are eligible for the certification and waiver.

B. The Practitioner's DATA 2000 Waiver Number and Waiver Date are verified by the reviewer after the application is submitted.

**Note:** The waiver date must be after January 1, 2019 to be eligible.

C. Click the **Add to Application** button after entering all the information for the Physician/Practitioner.

16 Before submitting the application, be sure to read the information in the **Part D – Certification Statement** section and click the checkbox next to “I Agree”

17 Once your application is complete, click **Submit** at the bottom of the page.