

PRTF Capacity Grant Scoring Criteria

Level One – Eligibility Compliance Review | Meets all basic requirements | Eligible/Ineligible

- Is the application complete?
 - Were all requested documents submitted?
 - Were all questions answered?
- Did the requester include a completed ADC table with their application?
- Does the requester represent an eligible facility that is a licensed PRTF or PRTF-AS in Montana?
- Is the application intended to do the following?
 - Expand new Medicaid **and/or Healthy Montana Kids** bed capacity for PRTF
 - Expand new Medicaid **and/or Healthy Montana Kids** bed capacity for PRTF-AS
- Does the requester attest that the additional youth served by the new PRTF or PRTF-AS beds will be funded through Medicaid **and/or Healthy Montana Kids**?
- Does the requester attest that the organization has the administrative support infrastructure to meet the grant criteria?
 - Service delivery
 - Reporting
 - Complying with state and federal laws, regulations and policies.
- Does the requester certify that it has a Safety and Environmental Plan in place that establishes the necessary staffing levels, trauma-informed physical safeguards, and resources to securely manage the specific behavioral profiles of the youth served?
- Does the requester commit to meeting reporting requirements in the format and timeline set forth by DPHHS?
- Does the requester attest to being able to comply with all state and federal laws, regulations, and policies applicable to the program?
- Does the requester attest that all included items in the submitted budget fall under the allowable uses of funds for this grant program?
- Does requester attest to being in good financial standing?

- Does the requester attest that it will comply with all applicable Montana Medicaid rules and manuals (e.g. Children’s Mental Health Bureau Medicaid Services Provider Manual)?
- Does the requester attest that current levels of PRTF and PRTF-AS services to Montana Medicaid and/or Healthy Montana Kids enrolled individuals will be increased by the proposed number of beds provided in individual applications?
- Does the requester commit to providing services to Montana Medicaid and/or Healthy Montana Kids members for at least 24 months following project completion?
- Does the requester attest to understanding that proposed project timelines must allow for the required 90-day increase in census prior to final fund distribution and that all funds must be distributed by June 30, 2028?
- Does the requester attest that the information provided in this application is true and correct to the best of the authorized official’s knowledge and understanding?

TOTAL: Eligible/ Ineligible

If all these criteria are met, then the application can move on to other rounds of review. If these basic requirements are not met, then the provider is not eligible for funding.

Level Two – Alignment with Program Goals Review | 0-1 points per numbered item | 0 = no answer, 1 = adequate response |

1. Executive Summary: Does the executive summary of the project include:
 - the number of proposed new Montana Medicaid **and/or Healthy Montana Kids** beds to be added (at least 10 are required for eligibility);
 - how it will increase capacity for Montana Medicaid and/or Healthy Montana Kids youth under the PRTF Grant Clinical and Behavioral Profile (Outlined in the Application Guidelines);
 - how the Department will be notified when youth who meet the profile are served?
 - Does the provided family engagement plan feature robust methods to engage families in critical stages of the youth’s care? | 0-1 point |

A summary of the clinical profile is as follows:

- Youth with Serious Emotional Disturbance (SED) and

- High-acuity behaviors
 - Aggression
 - Youth between the ages of 6 and 12
 - Discharging from a prolonged acute psychiatric stay (over 10 days)
2. Family Engagement: Does the family engagement plan provided include methods to engage families in critical stages of the youth's care while being served at requester's PRTF or PRTF-AS. | 0-1 point |
 3. Specialized Staff Training and Retention Plan: Does the provided training and staff retention plan demonstrate how staff will be trained and maintained by the provider to serve youth who fit the **PRTF Grant Clinical and Behavioral Profile**? | 0-1 point |

TOTAL:

If each of the above items receives a point (3 maximum for this section), the application can move on to the next level for Budget Review.

Level Three – Budget Review | Budget is allowable and inclusive of all project expenses. | 0-1 points for entire section | 0 = no budget provided or was incomplete, 1 = adequate response |

- Did the requester include allowable costs in the provided budget?
- Did the requester include the overall costs of the project and how it will be funded in addition to grant monies?

TOTAL:

If the budget receives a point, the application can move on to Final Compliance Review.

A total of \$1.237 million is available under this grant program. The Department anticipates funding two grants of up to \$618,500, which will be distributed to the first two requesters who meet all non-competitive eligibility criteria.

TOTAL:

MINIMUM THRESHOLD: 4

MAX TOTAL: 4