

Residential Grants NTI Webinar

Application Process

February 2024



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Residential Grant: Application Criteria



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Residential Grant NTI | Program Description and Purpose

Program Overview

DPHHS data shows that **timely access to, and the availability of, residential care** is **insufficient** in the adult behavioral health, children's mental health, and developmental disabilities service areas in Montana.

To address this gap, DPHHS has created a new residential grant program to provide funds to congregate community living providers who primarily serve individuals with a serious mental illness, serious emotional disturbance, substance use disorder, or developmental disability diagnosis. Providers can use these funds to stabilize or increase residential service provision and capacity.

A total of \$10M is available to eligible providers under this program. DPHHS expects to make awards to multiple providers. Funding for the program is provided via the Behavioral Health System for Future Generations (BHSFG) Commission, as authorized under HB 872. Funding is anticipated to be reimbursement-based; receipts, invoices, and other supporting materials will be required for reimbursement.

DPHHS Priorities

- The primary goal of this grant program is to **expand the capacity of residential providers** operating in the state of Montana.
- DPHHS intends to prioritize projects that **repair or upgrade existing settings, and that reopen closed settings**.
- DPHHS intends to prioritize projects that **utilize existing infrastructure** over new-build projects.
- DPHHS intends to prioritize projects that **request less than three months of revenue supplementation**, if any.
- DPHHS intends to provide grants to as **many eligible providers** as possible.

Residential Grant NTI | Application Criteria

All applications must be submitted via **Submittable**. Applications will be reviewed and evaluated by DPHHS. Approval notices will be sent out to applicants via email.

Specify Proposal Type

Eligible applicants must clearly specify for which of the following purposes they need funds:

Repair an existing setting

Upgrade an existing setting

Reopen a closed setting

Open a new or expand an existing setting

Purchase or build a new setting

Application Requirements

All providers, regardless of their proposal type, must include in their application:

1. An executive summary of the project;
2. A description of the proposed project, including architectural designs and plans or the closest available substitute;
3. A description of the target population served by the proposed setting;
4. A description of the factors that led to original program closure (if applicable), and how the provider will mitigate such factors moving forward;
5. Project budget, by month and cost item;
6. Project expected timeline, by month and task; and
7. Project expected impact, including but not limited to:
 - a) Number of new beds / increased capacity;
 - b) Number of people anticipated to be served by the setting; and
 - c) Projected utilization of beds.

Reporting Requirements

Providers selected for an award under this program must commit to regularly sharing the following data and information with the Department:

1. Project budget, by month and line item;
2. Project cost reports;
3. Project timeline, by month, task, and status;
4. Receipts and invoices (for reimbursement); and
5. Project impact, including but not limited to:
 - a) Number of new beds / increased capacity;
 - b) Number of people anticipated to be served by the new or reopened setting;
 - c) Projected utilization of beds; and
 - d) Satisfaction levels of residents, as determined by survey or other means mutually agreed upon by the Department and provider.

Residential Grant NTI | Proposed Project Cost Guidance

Applicants should submit proposals with costs that are accurate and verifiable; a project budget is required with each application. Applicants may submit proposals that do not cover the full cost of a project if they identify the sources of other funds that will be leveraged to cover the full cost.

DPHHS expects project costs will fall within the ranges provided in the table below, depending on proposal type. These ranges are offered as guidance; proposals that do not fall within these ranges will not be disqualified. Applicants who exceed this guidance will be reviewed on a case-by-case basis, and awards may be adjusted to fit program parameters.

Proposed Project Type	Expected Cost Range
Repair or upgrade existing setting	< \$100,000
Reopen closed setting	\$100,000 - \$250,000
Open new or expand existing setting	\$100,000 - \$500,000
Build new setting	\$500,000 - \$1,000,000

Residential Grant NTI | Allowable Uses

Allowable uses of these funds include:

1. Repairing an existing residential setting;
2. Upgrading an existing residential setting;
3. Hiring and training staff necessary to open, reopen, or expand services at a residential setting;
4. Purchasing or building a new residential setting; and
5. Temporary revenue supplementation to offset low volume during new setting start up.

*Training costs should **not exceed 15%** of requested funds in an application.*

*As above, **revenue supplementation** should **not exceed more than 20%** of requested funds in an application.*



Type of Application: **Repair An Existing Setting**

1. Repair An Existing Setting

Definition	Projects that address deferred maintenance costs that are: 1) necessary to keep a setting open and compliant with licensing and safety standards, and 2) focused on client health and safety.
Eligible Providers	Eligible providers have an <u>existing licensed program</u> (when applicable) currently serving Medicaid clients.
Funding	DPHHS expects to fund 100% of the cost.
Eligibility and Application Requirements	
Providers applying <u>must demonstrate in their application how they:</u>	<ol style="list-style-type: none"> 1. Serve adults with SDMI, individuals with SUD, children with SED, individuals with IDD, or people with co-occurring MH/SUD and/or BH/IDD in a residential program in Montana; 2. Fund the related residential program primarily through Medicaid (i.e., greater than 50% of funding is Medicaid); and 3. Currently experience a need for repairs or upgrades to safely and effectively serve residents (i.e., grant funds cannot be used for non-essential or cosmetic upgrades). Demonstration can include architectural plans, photographs, testimonials, construction bids, and/or a descriptive narrative.
Providers <u>must also commit to the following:</u>	<ol style="list-style-type: none"> 1. Proposed projects will be planned for completion within 18 months of the grant award; 2. All data reporting required by DPHHS as part of this program will be completed in the format and timeline requested by DPHHS (specified in greater detail below); 3. Current levels of residential services to Medicaid-enrolled individuals with SDMI, SUD, IDD, or SED will be maintained or increased; 4. Medicaid members will continue to receive services within the funded residences for at least 24 months following project completion; and 5. Ensure compliance with all applicable Montana Medicaid rules and manuals (e.g., Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health; Children’s Mental Health Bureau Medicaid Services Provider Manual; Developmental Disabilities Program Services Manual).

Type of Application: Upgrade An Existing Setting

2. Upgrade An Existing Setting

Definition	Projects that improve a setting in ways that are: 1) necessary to keep it open and compliant with licensing and safety standards, and 2) focused on promoting client independence.
Eligible Providers	Eligible providers have an <u>existing licensed program</u> (when applicable) currently serving Medicaid clients.
Funding	DPHHS expects to fund 100% of the cost.
Eligibility and Application Requirements	
Providers applying <u>must demonstrate in their application how they:</u>	<ol style="list-style-type: none"> 1. Serve adults with SDMI, individuals with SUD, children with SED, individuals with IDD, or people with co-occurring MH/SUD and/or BH/IDD in a residential program in Montana; 2. Fund the related residential program primarily through Medicaid (i.e., greater than 50% of funding is Medicaid); and 3. Currently experience a need for repairs or upgrades to safely and effectively serve residents (i.e., grant funds cannot be used for non-essential or cosmetic upgrades). Demonstration can include architectural plans, photographs, testimonials, construction bids, and/or a descriptive narrative.
Providers <u>must also commit to the following:</u>	<ol style="list-style-type: none"> 1. Proposed projects will be planned for completion within 18 months of the grant award; 2. All data reporting required by DPHHS as part of this program will be completed in the format and timeline requested by DPHHS (specified in greater detail below); 3. Current levels of residential services to Medicaid-enrolled individuals with SDMI, SUD, IDD, or SED will be maintained or increased; 4. Medicaid members will continue to receive services within the funded residences for at least 24 months following project completion; and 5. Ensure compliance with all applicable Montana Medicaid rules and manuals (e.g., Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health; Children’s Mental Health Bureau Medicaid Services Provider Manual; Developmental Disabilities Program Services Manual).

Type of Application: **Reopen A Closed Setting**

3. Reopen A Closed Setting

Definition	Projects that reopen a primarily Medicaid-funded (i.e., >50% of funding) setting closed in the past five years. Reopened settings may serve the same or different population as before closure.
Eligible Providers	Eligible costs include hiring and training of staff, revenue supplementation up to three months, and associated repairs and upgrades necessary to reopen the setting and ensure compliance with licensing and safety standards.
Funding	DPHHS expects to fund 100% of the cost.
Eligibility and Application Requirements	
Providers applying <u>must demonstrate</u> in their application how they:	<ol style="list-style-type: none"> 1. Serve adults with SDMI, individuals with SUD, children with SED, individuals with IDD, or people with co-occurring MH/SUD and/or BH/IDD in a residential program in Montana; 2. Fund operations primarily through Medicaid (i.e., greater than 50% of funding is Medicaid); and 3. Operate with a license now or will become licensed by the DPHHS Office of Inspector General, as appropriate.
Providers <u>must also commit</u> to the following:	<ol style="list-style-type: none"> 1. Proposed projects will be planned for completion within 18 months of the grant award. Projects that reopened beds after the Governor’s approval of the BHSFG Commission’s residential grants Near-Term Initiative but before the grant application was opened may still apply; 2. All data reporting required by DPHHS as part of this program will be completed as requested in the format and timeline requested by DPHHS (specified in greater detail below); 3. Current levels of residential services to Medicaid-enrolled individuals with SDMI, SUD, IDD, or SED will be maintained or increased; 4. Medicaid members will continue to receive services within the funded residence for at least 24 months following project completion; and 5. Ensure compliance with all applicable Montana Medicaid rules and manuals (e.g., Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health; Children’s Mental Health Bureau Medicaid Services Provider Manual; Developmental Disabilities Program Services Manual).

Type of Application: **Open A New or Expand An Existing Setting**

4. Open A New or Expand An Existing Setting	
Definition	Projects that purchase and/or convert existing property with the intention of becoming an allowable Medicaid residential setting.
Eligible Providers	This includes property owned by providers that is <u>not</u> currently licensed or receiving Medicaid funds as an allowable residential setting. Eligible costs include purchase of new property and/or furnishings, hiring and training of staff, revenue supplementation up to three months, and associated repairs and upgrades necessary to open the setting and ensure compliance with licensing and safety standards.
Funding	DPHHS expects to fund 50% of the cost.
Eligibility and Application Requirements	
Providers applying <u>must demonstrate</u> in their application how they:	<ol style="list-style-type: none"> 1. Serve adults with SDMI, individuals with SUD, children with SED, individuals with IDD, or people with co-occurring MH/SUD and/or BH/IDD in a residential program in Montana; 2. Fund operations primarily through Medicaid (i.e., greater than 50% of funding is Medicaid); and 3. Operate with a license now or will become licensed by the DPHHS Office of Inspector General, as appropriate.
Providers <u>must also commit</u> to the following:	<ol style="list-style-type: none"> 1. Proposed projects will be planned for completion within 18 months of the grant award. Projects that reopened beds after the Governor’s approval of the BHSFG Commission’s residential grants Near-Term Initiative but before the grant application was opened may still apply; 2. All data reporting required by DPHHS as part of this program will be completed as requested in the format and timeline requested by DPHHS (specified in greater detail below); 3. Current levels of residential services to Medicaid-enrolled individuals with SDMI, SUD, IDD, or SED will be maintained or increased; 4. Medicaid members will continue to receive services within the funded residence for at least 24 months following project completion; and 5. Ensure compliance with all applicable Montana Medicaid rules and manuals (e.g., Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health; Children’s Mental Health Bureau Medicaid Services Provider Manual; Developmental Disabilities Program Services Manual).

Type of Application: **Purchase or Build a New Setting**

5. Purchase or Build a New Setting	
Definition	Projects that build new physical infrastructure with the intention of becoming an allowable Medicaid residential setting.
Eligible Providers	<p>Eligible providers are:</p> <ol style="list-style-type: none"> 1) existing Montana Medicaid providers, or 2) providers of behavioral health and/or developmental disabilities services in other states looking to expand operations to Montana. <p>Eligible costs include construction costs, furnishings, hiring and training of staff, and revenue supplementation up to three months necessary to open the setting and ensure compliance with licensing and safety standards.</p>
Funding	DPHHS expects to fund 50% of the cost.
Eligibility and Application Requirements	
Providers applying <u>must demonstrate</u> in their application how they:	<ol style="list-style-type: none"> 1. Serve adults with SDMI, individuals with SUD, children with SED, individuals with IDD, or people with co-occurring MH/SUD and/or BH/IDD in a residential program in Montana; 2. Fund operations primarily through Medicaid (i.e., greater than 50% of funding is Medicaid); and 3. Operate with a license now or will become licensed by the DPHHS Office of Inspector General, as appropriate.
Providers <u>must also commit</u> to the following:	<ol style="list-style-type: none"> 1. Proposed projects will be planned for completion within 18 months of the grant award. Projects that reopened beds after the Governor’s approval of the BHSFG Commission’s residential grants Near-Term Initiative but before the grant application was opened may still apply; 2. All data reporting required by DPHHS as part of this program will be completed as requested in the format and timeline requested by DPHHS (specified in greater detail below); 3. Current levels of residential services to Medicaid-enrolled individuals with SDMI, SUD, IDD, or SED will be maintained or increased; 4. Medicaid members will continue to receive services within the funded residence for at least 24 months following project completion; and 5. Ensure compliance with all applicable Montana Medicaid rules and manuals (e.g., Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health; Children’s Mental Health Bureau Medicaid Services Provider Manual; Developmental Disabilities Program Services Manual).

Definitions of Other Key Terms

<p>Residential Capacity:</p>	<p>The number of beds available for Medicaid recipients, in the eligible residential settings defined below. For Supported Living providers, residential capacity may be defined as individuals receiving supported living services.</p>
<p>Residential Setting:</p>	<p>Eligible residential settings must be one of the following:</p> <ul style="list-style-type: none"> • Psychiatric Residential Treatment Facilities (PT38); • Therapeutic Group Homes (PT61); • Supported and Congregate Living (PT82); • Adult Foster (PT82, PT59, PT88); • Assisted Living Facilities (PT88, PT82); • State Plan Behavioral Health Group Homes (PT59); • SDMI Waiver Mental Health Group Homes (PT88); • SDMI Waiver Intensive Mental Health Group Homes (PT88); • SDMI Waiver Adult Group Home (PT88); • ASAM 3.1 Clinically Managed Low Intensity Residential (PT32); • ASAM 3.3 Clinically Managed High Intensity Population-Specific Residential (PT32); • ASAM 3.5 Clinically Managed High Intensity Residential (PT32).
<p>Revenue Supplementation:</p>	<ul style="list-style-type: none"> • Calculated, for each distinct service, as [the number of unfilled beds x allowable Medicaid rate x unit] for up to three months (i.e., 90 days or the equivalent). “Unit” is defined as the type of unit used in the rate, e.g., an hour, day, or week. For all eligible services, use the table below to calculate the maximum allowable revenue supplementation under this grant program. Use the midpoint if unit rates are sliding (e.g., if rates are \$50 – \$100, use \$75). • Revenue supplementation should <u>not</u> exceed more than 20% of requested funds in an application. • As an example, assume a hypothetical provider offers a specific service and has 10 unfilled beds. Assume as well that the unit rate for the service is \$100 and the unit is 1 day. The calculation for the maximum allowable amount of revenue supplementation would be as follows: <ul style="list-style-type: none"> ○ 10 unfilled beds x \$100 per bed x 1 day = \$1,000 ○ \$1,000 x 90 days (i.e., three months’ worth of the service) = \$90,000

Definitions of Other Key Terms | Revenue Supplementation Details

Service	Unit Rate	Unit
Psychiatric Residential Treatment Facilities (PT38)	\$458.92	Per day
Therapeutic Group Homes (PT61)	\$218.17	Per day
Residential Habilitation - Supported Living (PT82)	\$224.44 ³	Per day
Residential Habilitation – Congregate Living (PT82)	\$216.53 ¹	Per day
Adult Foster (PT88)	\$118.50	Per day
Adult Foster (PT82)	\$102.60 ⁴	Per day
Adult Foster (PT59)	\$99.79	Per day
Assisted Living Facilities (PT82)	\$210.06 ²	Per day
Assisted Living Facilities (PT88)	\$118.50	Per day
State Plan Behavioral Health Group Homes (PT59)	\$181.80	Per day
SDMI Waiver Mental Health Group Homes (PT88);	\$166.58	Per day
SDMI Waiver Intensive Mental Health Group Homes (PT88)	\$243.20	Per day
SDMI Waiver Adult Group Home (PT88)	\$323.55	Per day
ASAM 3.1 Clinically Managed Low Intensity Residential (PT32)	\$210.13 (women/child) \$143.49 (single gender)	Per day
ASAM 3.3 Clinically Managed High Intensity Population-Specific Residential (PT32)	\$278.83	Per day
ASAM 3.5 Clinically Managed High Intensity Residential (PT32)	\$256.95	Per day

Rate table footnotes: 1. Congregate Living Tier 5; 2. Assisted Living – Moderate; 3. Supported Living – Medium Geographic Factor (assumes 7.15 staff hours hrs/day); 4. Adult Foster Support - Moderate Supervision (converted by assuming 30 days/month)



Residential Grant: Submittable Process



DEPARTMENT OF
PUBLIC HEALTH &
HUMAN SERVICES

Submittable Process | New Submitter – Create Your Account

1 Create Your Account

2 Find an Opportunity

3 Submit an Application

Before you get started, you'll need to create a Submittable Account.

1. Select **Sign In** from the main **Submittable.com** page in the upper right corner.
2. You'll be taken to the Sign-in Manager page. Click the **Sign Up** tab.
3. Enter your email address, a password for Submittable, and your first and last name.
4. Select **Sign Up** when completed.



Submittable Process | New Submitter – Find an Opportunity

1 Create Your Account

2 Find an Opportunity

3 Submit an Application

Once you have an account, you can find this opportunity by going directly to this link:
<https://www.covidreliefmt.org/submit/88f34177-962b-4b8a-b137-269d3607da83/residential-setting-grant-program>

Alternatively, you can use the Opportunity search bar within Submittable
To find the project, you can search for **Residential Setting Grant Program**



Submittable Process | New Submitter – Submit an Application

1 Create Your Account

2 Find an Opportunity

3 Submit an Application

By clicking an opportunity, a new window will open that has all of the details of the project.

When you are ready to begin your application, click Submit in the upper right of the screen.

Filling out the application

Each project you submit to will have a different set of questions. Any questions marked with an asterisk (*) are required, and you will not be able to finish your submission without answering them.

Save an application

If you want to save your application so you can complete it later, click the Save Draft button at the bottom of the application. You can access the saved draft from the control panel at the top of the screen.

Verify your email address

Once you have signed up for a project, you will receive an email requesting verification. This step keeps communications secure and prevents fraudulent submissions. If your email is not verified, you will not be able to submit to the project.

Note: Not all projects require email verification. If you do not see a message from the Project requesting email verification, you have either already verified your email or the project does not require it.



Resources | Contact Information and Submittable Link

If you have technical issues with your forms or are locked out of your account, etc. DPHHS does not handle those questions. Please contact: support@submittable.com.

Questions regarding the program grant themselves will go to **Ryan Bonser** for fielding at BHDD: ryan.bonser@mt.gov.

To access the application via Submittable please go to the following link:
<https://www.covidreliefmt.org/submit/88f34177-962b-4b8a-b137-269d3607da83/residential-setting-grant-program>

