FY 2022 APPLICATION

Maryland Department of Health Sponsored Capital Improvement Program Grants and Loans

Behavioral Health, Addictions Recovery, Developmental Disabilities
and
Federally Qualified Health Centers Facilities

Maryland Department of Health
Office of Facilities Management and Development

January 2020

FY 2022 Application for Administration-Sponsored Capital Program Grant

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LAW

Mental Health, Addictions, and Developmental Disabilities Facilities Capital Program (Md. Code, Health Gen. §24-601 through §24-607)

http://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=24-601&enactments=false (Users can click the [Next] button to view subsequent sections)

Federally Qualified Health Centers Grant Program (Md. Code, Health Gen. §24-1301 through §24-1307)

http://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=24-1301&enactments=false (Users can click the [Next] button to view subsequent sections)

REGULATIONS for the following grant programs can be found at the web site listed below:

Mental Health, Addictions, and Developmental Disabilities Facilities Capital Program

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.08.02.*

Federally Qualified Health Centers Grant Program

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.08.05.*

NOTICE TO ALL APPLICANTS

It is the responsibility of each organization receiving funding from the Maryland Department of Health (MDH) under the Community Health Facilities Grant Program and the Federally Qualified Health Centers Grant Program to garner community support for their project.

All projects involving new housing acquisition and construction must garner support from Delegates, Community Organizations and Neighbors in the area in which the project is being developed.

MDH requires that prior to going to the Board of Public Works (BPW) for approval of a project that the applicant provide documentation of this outreach.

The undersigned representative understands and accepts this requirement.

Organization: _____

Name: _____

Title: _____

This form must be submitted as part of the application

STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
OFFICE OF FACILITIES MANAGEMENT AND DEVELOPMENT

FY 2022 Application for Administration-Sponsored Capital Program Grant

The following pages provide the instructions and forms to complete your application for a Maryland Department of Health (MDH) Administration-Sponsored Capital Program Grant.

G E N E R A L I N S T R U C T I O N S

OUTLINE FOR YOUR APPLICATION

Your application should be developed using the outline on the "Check List" (refer to pages 4 and 5). For each section of the "Check List," there is a page number reference for the relevant form and/or instruction. Each page of your application should be paginated. Paginate narrative and any attachments separately. Multi-page exhibits/references should not be mixed in with the narrative, but rather included as separate attachments in an appendix.

"PROJECT SUMMARY FORM"

The "Project Summary Form" (pages 6, 7 and 8) should be filled out after you have completed all of the other sections and *must include a clear overview* of the proposed project.

COVER SHEETS FOR YOUR APPLICATION

The completed "Project Summary Form" is to be used as a cover sheet for your application.

DO NOT REFORMAT ANY PART OF THIS APPLICATION

SUBMISSION OF APPLICATION

DUE APRIL 16, 2020

The following must be received by April 16, 2020 at 12:00pm:

1 An **ORIGINAL and a COPY** of the application submitted to the Office of Facilities Management and Development.

2 An **E-COPY** of the application (**the narrative part must be in Microsoft Word format and not PDF**) e-mailed to Mr. Ahmed G. Awad at Ahmed.Awad@maryland.gov.

3 **A copy of the application** submitted to the contact person from the appropriate administration (see chart below).

Applications received after the above deadline may be considered; however, ranking on the departmental priority list cannot be guaranteed.

Mail or deliver an original and a copy of the application to:

Mr. Ahmed Awad
Administrator, General Obligation Bond Program
Maryland Department of Health
Office of Facilities Management and Development
201 West Preston Street, Room 538E
Baltimore, Maryland 21201

If e-copies of any attachments/exhibits are not readily available, the original documents can be scanned and/or included as PDFs. The only exceptions are for oversized architectural drawings, for which e-copies are preferred, but which may be submitted separately, as a hard copy.

PEOPLE YOU MAY WANT TO CONTACT FOR TECHNICAL ASSISTANCE:

Ahmed Awad	Office of Facilities Management and Development (OFMD)	(410) 767-6589	Ahmed.Awad@maryland.gov
Cynthia Petion	Behavioral Health Administration (BHA)	(410) 402-8473	Cynthia.Petion@maryland.gov
Patricia Sastoque	Developmental Disabilities Administration (DDA)	(410) 767-5567	patricia.sastoque@maryland.gov
Elizabeth Vaidya	Federally Qualified Health Centers (FQHC)	(410) 767-5695	Elizabeth.Vaidya@maryland.gov

Also, please note the following requirements:

REQUIREMENT FOR ALL COMMUNITY HEALTH FACILITIES PROVIDERS

All Behavioral Health (previously mental health, alcohol and drug abuse), and developmental disabilities service providers who are applying for capital program grant funding must also follow the additional instructions included in the Appendices, "Additional Information for Behavioral Health Grant Applicants Providing: Substance-Related Disorder Services, and/or Mental Health Services" (pages 34-45); and "Additional Information for Grant Applicants Providing Services to Individuals with Developmental Disabilities" (pages 46-53).

REQUIREMENT FOR FEDERALLY QUALIFIED HEALTH CENTERS

All Federally Qualified Health Centers (FQHC) who are applying for capital program grant funding must also submit a copy of the most current Health Resources and Services Administration (HRSA) Uniform Data System (UDS) Report with the completed application. See Appendix entitled "Additional Information for Federally Qualified Health Centers Capital Funding Applicants" (pages 54 and 55) for information regarding service priorities.

The narrative portion of the application should be prepared in sections that include subtitle headings to match those included in the instructions and should be organized to follow the same order as they appear in the instructions

If not already on file with the Office of Primary Care Access, applications must include an attachment that provides a description of the FQHC's current service area and/or scope of service.

REQUIREMENT FOR AN UPDATED APPLICATION FOR PARTIALLY FUNDED PROJECTS

If your project was only partially funded in a prior year (e.g., you have been authorized only for architectural/engineering fees), you must submit an updated complete application to request authorization for the remaining State funds.

REQUIREMENT FOR FEDERAL, STATE, AND LOCAL COMPLIANCE

All projects developed under the MDH Administration-Sponsored Capital Program must comply with federal, State, and local standards, codes and requirements. These standards must be followed in determining your physical plant and equipment requirements.

DO NOT REFORMAT ANY PART OF THIS APPLICATION

FY 2022 - Application for Administration-Sponsored Capital Program Grant

CHECK LIST

The application is to be completed and submitted using the following outline. Please include this check list with your application. Indicate whether or not the following items are included in the application. If "yes," give the page number; if "no," state the reason on an attached sheet of paper.

	YES	NO
Project Summary Form *(Refer to pages 6, 7 and 8)*	_____	_____

The completed Project Summary Form parts 1, 2 and 3 are required as cover sheets for your completed fiscal year 2022 application.

I. Project Overview (*Refer to pages 11 through 13)*		
A. Project Description		
1. Introduction to Agency	_____	_____
a. Name and Address of Agency	_____	_____
b. Mission Statement/Brief History	_____	_____
2. Introduction to Project	_____	_____
a. Purpose	_____	_____
b. Location	_____	_____
c. Site Plan	_____	_____
d. Strategic Plan	_____	_____
e. Unmet Need *(Refer to page 12)*	_____	_____
f-h. Resource Capacity, Utilization of Capacity	_____	_____
B. Project Justification	_____	_____
1. Problems and Consequences of Deficiencies	_____	_____
a. Description of Each Problem	_____	_____
b. Consequences of Each Problem	_____	_____
2. Current and Future Outcomes	_____	_____
II. Administrative Information (*Refer to pages 14 and 15)*		
A. Poverty Area Funding	_____	_____
B. Admission Policy	_____	_____
C. Staffing Pattern	_____	_____
D. Schedule of Rates	_____	_____
E. Previous Projects	_____	_____
III. Project Description *(Refer to pages 16 and 17)*		
A. Scope of Work	_____	_____
1. Project Type	_____	_____
2. Description of Architecture and Infrastructure	_____	_____
3. Site Improvements	_____	_____
4. Utilities	_____	_____
5. Acquisition	_____	_____

FY 2022 - Application for Administration-Sponsored Capital Program Grant

CHECK LIST (cont.)

	YES	NO
B. Project Site Description	_____	_____
1. Location	_____	_____
a./b. Legal Description/Opinion	_____	_____
c. Plat Plan	_____	_____
d. Soil Investigation Report (new construction only)	_____	_____
e. Water & Sewer Assurance	_____	_____
f. Zoning Status	_____	_____
C. Transportation	_____	_____
D. Time Frame	_____	_____
E. Maps and Sketches	_____	_____
IV. Financial Information (*Refer to page 18)*		
A. Cost Estimate Worksheet (*Refer to pages 9 and10)*	_____	_____
B. Capital Financial Summary	_____	_____
1. Supporting Documentation for Matching Funds	_____	_____
2. Letter from IRS (nonprofit status)	_____	_____
3. Capital Financial Summary (*Refer to page 28)*	_____	_____
C. Operating Cost Projections (*Refer to page 29)*	_____	_____
D. Equipment and Furnishing Request (*Refer to page 27)*	_____	_____
E. Latest Audited Financial Statement	_____	_____
V. Additional Documentation (*Refer to page 19)*		
A. Listing of All Principals (*Refer to page 30)*	_____	_____
B. Compliance with Civil Rights (*Refer to page 31)*	_____	_____
C. Applicant Certification (*Refer to page 32)*	_____	_____
D. License	_____	_____
E. Medicaid Approval	_____	_____
F. IRS Form 990	_____	_____

COMMUNITY FACILITIES PROVIDERS:

Did you comply with the guidelines in the Behavioral Health Administration, and/or Developmental Disabilities Administration appendices?	_____	_____

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P R O J E C T S U M M A R Y F O R M (Part 1 of 3)

Project Summary Forms (Part 1, 2 and 3) are to be used as the cover sheets for your Fiscal Year 2022 application.

All information is required and must be completed

1.

Name of Applicant Agency	***Applicant's Employer ID Number (EIN)***

Name of Contact Person	***Title***	***Direct Phone Number, Ext.***

Cell Phone Number (required)	***E-mail Address***

Street Address of Applicant Agency	***Mailing Address (if different from street address)***

City and Zip of Applicant Agency	***County (if Baltimore, indicate City or County)***	***State Legislative District***

2. **PROJECT DESCRIPTION** Include a brief description of the project and a statement explaining how the proposed project will improve outcomes for individuals served by your program.

3.

Name of Facility/Site for Proposed Project

Street Address of Facility/Site for Proposed Project

City and Zip of Facility/Site for Proposed Project	***County (if Baltimore, indicate City or County)***	***State Legislative District***

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P R O J E C T S U M M A R Y F O R M (Part 2 of 3)

DO NOT REFORMAT ANY PART OF THIS APPLICATION

NOTE: To fill out this page, you will need to use your completed two-page "Cost Estimate Worksheet" (pages 9 and 10).

4. TOTAL COSTS FOR PROJECT

Please verify all the numbers, totals and percentages

	Current Request	*Prior Appropriation*	*Future Requests*	***Total***
Architect/Engineer Fees *(refer to page 10-G)*				
Acquisition *(refer to page 9-A)*				
Construction *(refer to page 9-B or page 9-C, and page 10-D and page10-E)*				
Equipment *(refer to page 10-F and page 27)*				
Other				
Total Project:				

	Percentages	*Current Request*	*Prior Appropriation*	*Future application Requests*	***Total***
State Funds:	*%*				
Matching Funds:	*%*				
Total:	*%*				

5. SOURCES OF MATCHING FUNDS

Real property or in-kind contributions are not eligible as matching funds

	In-hand	**Anticipated**
_____	$	$
_____	$	$
_____	$	$
_____	$	$
_____	$	$
	Total:	$

6. UNIT COST (excludes A/E, equipment and site improvement costs)

ALL MUST BE COMPLETED

a.Gross square feet *(refer to page 9-A or 9-B or 9-C)*:

b.Subtotal for new construction *(page 9-B11):* $

OR Subtotal for renovation *(page 9-C11):* $

c.Cost per gross square foot *(divide **b**. by **a**.)*: $

d.Unit cost (divide **b.** by slots or placements): $

7. PROPOSED PROJECT SCHEDULE (MUST BE COMPLETED)

	Begin Date	Completion Date
Design:		
Construction:		

All information is required and must be completed

P R O J E C T S U M M A R Y F O R M (Part 3 of 3)

TYPE OF PROJECT (check all that apply)

New Facility:

___ Construction to increase capacity
___ Construction to replace existing facility
___ Acquisition to increase capacity
___ Acquisition to replace existing facility
___ Purchase new equipment
___ Other (explain)

_____

_____

_____

_____

Existing Facility:

___ Renovation
___ Construct new addition
___ Conversion from rental to ownership property
___ Replacement of existing equipment
___ Purchase new equipment
___ Other (explain)

_____

_____

_____

_____

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COST ESTIMATE WORKSHEET Part 1 of 2

Name of Applicant Agency: _____

Estimated Dates: ***Design*** **-** Begin Date:_____ End Date:_____ ***Construction*** **-** Begin Date:_____ End Date:_____

Type of Project **Acquisition**: _____ **New Construction**: _____ **Renovation**: _____

A. Acquisition (ALL INFORMATION MUST BE COMPLETED) **COST:** $

Gross Square Feet: _____ **Net Square Feet**: _____ Lot Size: _____

B. New Construction (ALL INFORMATION MUST BE COMPLETED)

Gross Square Feet: _____ **Net** Square Feet: _____ Lot Size: _____

1.	Basic Costs: _____ Gross Sq. Ft: $_____ per GSF	1.	$	
2.	Built-in Equipment: _____	2.	$	
3.	Demolition: _____	3.	$	
4.	Asbestos Removal: _____	4.	$	
5.	Information Technology ($8/square foot): _____	5.	$	
6.	Other: _____	6.	$	
7.	Subtotal (add line 1 through line 6):	7.	$	
8.	Estimated Cost Increase (2021 – 3%; 2022 – 3% = 6%):	8.	$	
9.	Subtotal (add line 7 and line 8):	9.	$	
10.	Contingencies (5% of line 9):	10.	$	
11.	Subtotal (add line 9 and line 10)	11.	$	$

C. Renovation (ALL INFORMATION MUST BE COMPLETED)

Gross Square Feet: _____ **Net Square Feet**: _____ Lot Size: _____

1.	Basic Costs: _____ **Gross** Sq. Ft x $ _____ per GSF	1.	$	
2.	Built-in Equipment: _____	2.	$	
3.	Demolition: _____	3.	$	
4.	Asbestos Removal: _____	4.	$	
5.	Information Technology ($8/square foot): _____	5.	$	
6.	Other: _____	6.	$	
7.	Subtotal (add line 1 through line 6):	7.	$	
8.	Estimated Cost Increase (2021 – 3%; 2022 – 3% = 6%):	8.	$	
9.	Subtotal (add line 7 and line 8):	9.	$	
10.	Contingencies (10% of line 9):	10.	$	
11.	Subtotal (add line 9 and line 10)	11.	$	$

COST ESTIMATE WORKSHEET - Part 2 of 2

All information must be completed

D. Site

1. 10% of line B7 (new construction only unless directly related to a renovation project):	1.	$	
2. Other: _____	2.	$	
3. Other: _____	3.	$	
4. Other: _____	4.	$	
5. Subtotal (add line 1 through line 4):	5.	$	
6. Cost Increase (2 years x 3% = 6% x line 5):	6.	$	
7. Subtotal (add line 5 and line 6):	7.	$	
8. Contingencies (5% of line 7):	8.	$	
9. Subtotal (add line 7 and line 8)	9.	$	$

E. Utilities

1. 5% of line B7 and/or line C7	1.	$	
2. Other: _____	2.	$	
3. Other: _____	3.	$	
4. Other: _____	4.	$	
5. Subtotal (add line 1 through line 4):	5.	$	
6. Cost Increase (2 years x 3% = 6% x line 5):	6.	$	
7. Subtotal (add line 5 and line 6):	7.	$	
8. Contingencies (5% of line 7):	8.	$	
9. Subtotal (add line 7 and line 8)	9.	$	$

F. Capital Equipment and Furnishings

1. Movable Equipment (not built-in), **minimum 15-year life**	1.	$	
2. Furniture with a **minimum 15-year life**:	2.	$	
3. Other (specify): _____	3.	$	
4. Subtotal (add line 1 through line 3)	4.	$	$

G. Architectural and Engineering (A/E) Fees $

H. Architect's Reimbursable Costs $

I. Total of Items B. through H. $

Prepared by (*Required*) : _____ _____ _____

If Architect, name and address of firm *Phone Number* *Date*

I. PROJECT OVERVIEW

A. PROJECT DESCRIPTION

1. Introduction to Agency

a. Provide the name and address of your agency.

b. State the mission of your organization and provide a brief history of your agency. Include the year the agency was established, the target population served, and the services provided (e.g., housing, crisis intervention, outpatient, day supported employment, long-term substance abuse treatment).

2. Introduction to Project

a. **Purpose**. Briefly describe the purpose of the proposed project (i.e., why the project is needed) and what will be achieved as a result of funding the project. All projects must address one or more of the following facility problems:

(1) Insufficient or inadequate space, including no space or lack of a physical setting in which services can be provided.

I. **Current and Projected Space Requirements**.
Describe each function to be housed in the facility. Indicate whether the function currently exists or is a proposed new function. On Table 2, page 21 list each current and proposed functional area and indicate the number of units for each function and the net square footage for each unit. Provide the total net square footage required for each function. Total the net square footage for all the functions and apply a gross efficiency factor to determine the final gross square feet involved in the project. This table must be fully completed so that current and proposed space size can be compared. Provide a floor plan of existing spaces, if applicable, and a floor plan showing proposed spaces. Include the gross and net square footage of each space on the floor plan.

II. **Provide the basis for the *amount* of each type of space**.
For example, how did the agency determine the number of administration offices, counseling offices, bedrooms, or exam rooms that are needed? For offices, provide an organizational chart including staff titles and function. Provide any specific standards that were used to determine the amount of space.

III. **Indicate how the *size* of each space or group of similar spaces was determined**.
If there is a standard that applies, the space should be based on the standard. Provide the reference for the standard. If there is no standard, the size of the space should be based on the number of occupants, the type and amount of equipment, and the activities to be accommodated. Please specify.

(1) Serious deterioration of the existing physical structure or obsolete existing structure.
(2) Dysfunctional space that is inappropriate for agency functions or activities.
(3) Location not optimal for serving customers or for customer access.
(4) Inefficient use of operating funds (e.g., leasing versus owning a facility).

b. **Location**. Define the service area for the project and provide the location of the proposed project within that service area.

c. **Site Plan**. Enclose a site plan for the project if one is available. If a site plan is not available, please explain.

d. **Strategic Plan**. Discuss the relevance of the project to the strategic priorities of your respective administration (see Appendices).

e. **Unmet Need**. Each administration has identified the target populations or priority areas that should benefit from proposed projects (see Appendices for each Administration). Please identify which of these target populations or priority areas will benefit from your proposed project. For your defined service area, identify the number of individuals in the target population that are currently receiving the proposed service, the number with an unmet need for your service, and the number of additional individuals to be served upon completion of your project.

For example:

Target Population	Number of Target Population Currently Receiving Services	Unmet Need	Additional Individuals to be Served	Remaining Need
BHA • Hospital Inpatients > 1 Year Length of Stay	100	266	20	246

f. **Housing Resource Capacity for Individuals with Serious and Persistent Mental Illness and/or co-occurring Substance Related disorders:** Table 4, page 25, "Existing and Proposed Capacity by Type, Residential Rehabilitation, Supportive Housing, Recovery Housing, and Certified Halfway Housing Units," **must be completed** for each county in which your project intends to develop housing units.

g. **Resource Capacity for Individuals with Developmental Disabilities:** Table 5, page 26, "Existing and Proposed Capacity by Type, ALU, CSLA and Supportive Housing Units," **must be completed** for each county in which your project intends to develop housing units.

h. **Existing and Proposed Productivity (Federally Qualified Health Centers only)**. Based on the Federal Productivity Standards, complete Table 1 on page 20. Specify the agency's current and proposed productivity based on Federal Productivity Standards for Primary Care (e.g., one M.D. should treat 1,400 patients and have a total of 4,200 encounters per year) and for dental care (e.g., one dentist should treat 1,100 patients and have a total of 2,700 encounters per year). Explain any deviations between the federal productivity standards and "actuals." .

B. PROJECT JUSTIFICATION

1. Facility Problems and the Consequences of Deficiencies on Operations or Service Delivery

a. **Describe Each Facility Problem**. Facility problems were identified in Section A.2.a. For *each* problem identified, discuss the specific nature of the problem. The problems may exist now or may be anticipated in the future. For example, if insufficient space is a problem, quantify the current space and compare to the increased amount of space needed. If specific settings do not exist (e.g., housing units) in which to provide a service, explain the number of slots, beds, and/or units lacking. If there are building code deficiencies, provide specific citations. *Quantifiable data should be provided whenever possible. Include details on the source of any external, quantitative data.*

b. **Consequences of Each Facility Problem**. For *each* facility problem, provide a detailed explanation of how the problem has interfered with the delivery of services to the priority populations or the operation of the facility. Describe how the problem affects customer access to, and use of, services. This may include customers receiving no service because the agency lacks a facility to deliver the service to a certain geographic area.

2. **Specify the Measurable Outcomes Currently Achieved and the Outcomes to Be Achieved After Completion of the Project**. Your agency and the State both expect to obtain some "value" for the funds to be invested in the proposed project. This value should extend beyond the number of individuals served to what outcome is achieved with each individual. There should be a quantifiable improvement in the situation or condition of the customer using the services. State the desired improvement (i.e., outcome), provide quantifiable measures for those improvements, and *provide data to support the results*.[1] If available, provide up to five years of trend data to support results on Table 3, Page 24. Also, explain how these measures support the priority outcomes of the administration whose consumers you serve. Below are examples of measures to use. Do NOT use activities as a measure of outcomes.

   - Projects serving individuals with developmental disabilities should include measures such as the number and percent of individuals that: (1) live in the most integrated setting in independent housing; (2) meet their habilitation goals; (3) are maintained in employment for a specific period; or (4) are placed in supported employment.

   - Projects that serve individuals with substance abuse disorders and/or co-occurring illness should provide data that demonstrates a need for substance abuse treatment services within the targeted geographical area. These projects must also address BHA benchmarks that indicate patient reduction for substance use/abuse and criminality, as well as patient increases for employment and stable housing situation at completion of treatment.

   - Projects that propose housing for individuals with serious and persistent mental illness should include the number of individuals who are currently homeless or living in a residential rehabilitation bed or in an institution who will achieve a greater level of stability, safety, or independence through placement in the proposed independent housing[2]. Describe supportive services to be provided by other agencies that will support the individual's recovery while living in a stable housing situation.

   Projects for Federally Qualified Health Centers should provide outcomes and data for those performance measures selected by the FQHC for its annual Performance Review with the Health Resources and Services Administration. Performance measures can be found on the HRSA website: https://www.hrsa.gov/about/strategic-plan/performance-measures.html

[1] "Proxy" measures based on research studies, best practices, or other benchmarks based on national data may be used. Citations must be provided.

[2] The Developmental Disabilities Administration and the Behavioral Health Administration define independent housing as housing that is provided through a landlord/tenant relationship with support services provided by a service provider of the consumer's choice (e.g., a Community Supported Living Arrangement [CSLA]).

II. ADMINISTRATIVE INFORMATION

A. Poverty Area Funding

A project is eligible for poverty area funding if the project meets the requirements for a poverty area under federal regulations or State plans, or a majority of individuals served by the facility are (1) certified by a local Department of Social Services as eligible for Public Assistance or Medical Assistance; (2) are eligible for Supplemental Security Income Benefits; or (3) have income levels that do not exceed 150 percent of the federal poverty level. If the applicant meets one of these criteria, the applicant may request a State grant of more than 75 percent but not to exceed 90 percent of the cost of the project.

If poverty area funding is being requested, applicant must provide quantitative documentation showing that applicant's program meets the requirements for a poverty area under federal regulations or State plan or will serve a majority of poverty-designated consumers each year for the full term of the obligation under award. In addition, this documentation will need to be updated each year for the full term of your obligation. Include details on the source of any external, quantitative data.

See regulations for further information regarding State grant funding limits:

Behavioral Health, and Developmental Disabilities Facilities COMAR 10.08.02.07(E),
http://www.dsd.state.md.us/comar/comarhtml/10/10.08.02.07.htm

OR

Federally Qualified Health Centers COMAR 10.08.05.08(D),
http://www.dsd.state.md.us/comar/comarhtml/10/10.08.05.08.htm

B. Admission Policy

Provide a written statement of the applicant's admission policies as they relate to the purpose and intent of the proposed project. In this statement, the applicant shall:

1. Agree to admit persons based on their need for services without regard to race, national origin, color, disability, religion, or ability to pay;

2. Define clearly proposed limitations, if any, regarding age groups, illness, or disorder categories; and

3. Give priority for admission to persons who are certified by a local Department of Social Services for assistance and to persons of low income.

C. Staffing Pattern

Provide the number of personnel employed or to be employed at the facility by occupation, and all prerequisites, salaries, and other funds paid or to be paid; to these employees (names of employees are not needed).

D. Schedule of Rates

Provide a schedule of current rates charged or to be charged, or both if applicable, for services to be rendered.

E. Previous Projects

List any previous project(s) for which your agency received grant funds through the MDH Administration-Sponsored Capital Program, the amount of State funds allocated for each project, and the status of each project.

FQHC applicants - also provide information about any federal capital funds that have been provided for this project.

III. PROJECT DESCRIPTION

This section must provide a detailed scope of work for the proposed project. The Project Description must include:

A. Scope of Work

1. Specify whether the proposed project is to acquire, construct, renovate, and/or purchase equipment. Give a brief description of the proposed project.

2. If the project includes renovation or construction, describe the architectural, structural, mechanical, electrical, plumbing, and telecommunications work that is to be done.

3. Describe any site improvements to be included in the project such as grading, roads, parking, outdoor lighting, and landscaping.

4. Describe all utility work that is required for the project. Use specifics when possible, such as the linear feet of road, utility extensions, or number of parking spaces.

5. If the project is for acquisition, describe the specific nature of the property to be acquired. Indicate the acreage, major transportation routes, and public utilities. Provide a detailed description of the property improvements. Identify any factors that could affect the timing of the acquisition.

B. Project Site Description

Provide a description of the project site including the acreage and dimensions. If the project is for new construction, note any topographic features of the site that will need to be considered during design such as, significant elevation changes, wooded areas, or high-water table.

1. Location

Give the location of the proposed project (exact address, if known). If site is applicant-owned, please attach the following:

a. Legal description of the property (copy of deed)

b. Legal opinion assuring good and valid title or copy of title insurance

c. Plat plan

d. Soil investigation report (new construction only)

e. Assurance of the availability of water and sewer hookups

f. Zoning approval - Copy of zoning approval or application status

If the site is not applicant owned, identify current owner. Provide items listed above in 1. a. - f., if available.

C. Transportation

Discuss transportation access to the services, if the project involves a new service site. If consumers will have to travel to the project site, will it be accessible by public transportation? If vans will be used to pick up consumers, will the project be located within reasonable proximity to the target population?

D. Time Frame (required)

Provide a schedule for the start date and completion date for design services and construction. Include the dates on the Project Summary Form (page 7) "Proposed Project Schedule." Include phase-in schedule if multi-year project. If applicable, describe the phasing plans for minimizing any disruption in service or operations that may be caused by work on this project.

E. Maps and Sketches

Provide a map showing the intended location of the proposed project. For a project involving a new building, furnish a plat map, which shows the proposed structure and its relationship to any other facilities in the area. For a renovation project, provide blueprints or drawings (if available) of the intended work area.

IV. FINANCIAL INFORMATION

Complete the financial forms listed below.

A. Cost Estimate Worksheet

Complete and attach Cost Estimate Worksheet Form (pages 9 and 10).

B. Capital Financial Summary

1. Attach supporting documentation for matching funds (such as bank statements, mortgage statements, bank loan commitment, investment statement, or commitment from local government). If the match will be derived from fund-raising, provide a description of fund-raising activities and a schedule.

2. Attach a letter from the federal Internal Revenue Service indicating nonprofit status.

3. Complete and attach Capital Financial Summary Form (page 28).

C. Operating Cost Projections (for New or Expansion Projects Only)

Complete and attach Operating Cost Projections Form (page 29). If expansion is planned, the source and amount of new operational funds to cover the additional consumers *must* be provided.

D. Equipment and Furnishing Request (for New or Expansion Projects Only)

If you are requesting moveable capital equipment, complete and attach Equipment and Furnishings Request Table 6 (page 27). Make additional copies if needed.

E. Latest Audited Financial Statement must be submitted

V. ADDITIONAL DOCUMENTATION REQUIREMENTS

A. **Listing of All Principals**

Complete and attach form (page 30).

B. **Compliance with Civil Rights Act**

Complete and attach form (page 31).

C. **Applicant Certification**

Complete and attach form (page 32).

D. **License**

Attach a copy of the license or a copy of the application for the license.

E. **Medicaid Approval**

Attach copy of Medicaid Provider Number.

F. **IRS Form 990**

Attach copy of latest available IRS Form 990.

Table 1

Federally Qualified Health Centers

EXISTING AND PROPOSED PRODUCTIVITY

FY 2019 Clinic Services	Total Practitioners	Productivity Standard[1] (Individuals)	Actual 2019 Productivity	Encounters Productivity Standards	Actual 2019 Encounters
Example	1	1,400	1,300[2]	4,200[3]	3,900
Primary Care					
Pediatrics					
OB/GYN					
Dental Health					
Behavioral Health					
Future Clinic Services					
Primary Care					
OB/GYN					
Pediatrics					
Dental Health					
Behavioral Health					

[1] One practitioner should serve 1,400 patients in a year on average.
[2] Include actual number of unduplicated patients seen.
[3] Each practitioner will have an average of three encounters/patient (1,400 X 3 = 4,200)

Table 2
Current and Projected Space Requirements

Function	CURRENT			PROJECTED			
	Units	Net Square Feet Per Unit	Total Net Square Feet	Function	Units	Net Square Feet Per Unit	Total Net Square Feet
Example CEO Office	1	100	100	CEO Office	1	150	150
*Example** Bedroom	0	0	0	Bedroom	2	100	200
Example Examination Room	5	90	450	Examination Room	10	100	1,000
Total New Square Feet							

* For projects acquiring housing, provide approximate projected sizes of rooms.

Total Net Square Feet _____ X 1.50 (efficiency factor) =_____ Gross Square Feet

See the following pages for “What’s Covered in Net Square Feet” (page 22) and “Office Space Standards” (page 23).
.

Department of General Services (DGS) Guidelines on Net Square Feet and Gross Square Feet

What's Covered in Net Square Feet

All floor areas allocated to an occupant:
Offices
Classrooms
Mailrooms
Bedrooms
Conference Rooms
Libraries
File Rooms
Storage Pertaining to an Occupant
(not custodial or general storage)
Laboratories
Auditoriums
Toilets & Locker Rooms (including shower rooms) when private, e.g., for a consumer's bedroom, exam room, gym, kitchen, etc.
Lounges
Kitchen
Library Reading and Stack Areas
Athletic Courts
Swimming Pool

What's Covered by Gross Square Feet (Efficiency Factor)

Custodial – for building protection, care, maintenance, and operation, e.g., custodial storage, janitor closet, maintenance storeroom, locker room, toilet and shower room, shop.

Circulation – required for physical access to some subdivision of space whether or not enclosed by partitions, e.g., corridors (access, public, service, including "phantom" corridors for large unpartitioned areas), elevator shaft, escalator, fire tower, stairs, stair hall, loading platform (except when required for a program function), lobby, public vestibule or entryway, tunnel, bridge, stair or elevator penthouse, elevator machine room, covered paved open areas.

Mechanical – to house mechanical equipment, utility services and non-private toilet facilities; e.g., duct and service shafts, meter and communication closets, boiler room, mechanical and electrical equipment rooms, telephone equipment rooms, fuel room, toilet rooms for public or general use.

Construction – the areas actually occupied by the structural and other physical features of the building, e.g., exterior walls, firewalls, partitions.

Department of General Services (DGS) Office Space Standards

Office Type	Recommended Net Assignable Square Feet (NASF)
Secretary	300
Deputy Secretary	250
Judges, Exec. Director, Commissioners, Assistant Secretary, Division Chiefs; Director	200
Branch Heads; Assistant Division Chiefs; Assistant Directors	150
Attorneys; Doctors; Field Supervisors	150
Professional, supervisory (private office)	110
Professional, non-supervisory (private office)	90
Professional, supervisory (open office)	90
Professional, (open office)	70
Desk space for technical personnel, field staff	50
Secretary, Professional (shared office)	70
Secretary, open office	50
Word processor, clerical (open office)	50
Conference room, sq. ft. per person	20
Reception/waiting rooms sq. ft. per person	10

Notes:

1. Space standards indicated above include normal furniture and equipment. Additional space may be allowed for unusual furniture and equipment requirements if justified.
2. Enclosed offices should be a minimum of 100 NASF regardless of classification of occupant.
3. The above standards do not apply to **academic** personnel in institutions of higher education. Refer to higher education space guidelines.
4. Allow an additional 7 NASF per file cabinet in open office areas.

Table 3
Outcome Measures Currently Achieved and
Outcomes to be Achieved After Completion of the Project

Goal:					
Outcome Measures	2019 Outcomes	2020 Outcomes	2021 Outcomes	2022 Outcomes	2023 Outcomes
A.					
B.					
C.					
D.					

Please explain how the above outcome measures support the goals of the administration whose consumers you serve.

Make additional copies as needed.

Table 4
Behavioral Health Administration

Existing and Proposed Capacity by Type
Residential Rehabilitation, Supportive Housing, Recovery Housing, and Certified Halfway Housing Units

Project County: (List if more than one)_____
Provider: _____
NOTE: If requesting units in more than one County complete a table for EACH County

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Residential Rehab - Intensive			
Residential Rehab- General			
Supportive Housing			
Recovery Housing			
Certified Halfway House			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Residential Rehab - Intensive			
Residential Rehab- General			
Supportive Housing			
Recovery Housing			
Certified Halfway House			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Residential Rehab - Intensive			
Residential Rehab- General			
Supportive Housing			
Recovery Housing			
Certified Halfway House			

Table 5
Developmental Disabilities Administration

Existing and Proposed Capacity by Type
ALU, CSLA, and Supportive Housing Units

Project County: (List if more than one): _____
Provider: _____
NOTE: If requesting units in more than one County complete a table for EACH County

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Alternative Living Unit (ALU)			
CSLA (individuals)			
Supportive Housing			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Alternative Living Unit (ALU)			
CSLA (individuals)			
Supportive Housing			

Project County (Name):			
Type Housing Unit	This Request Units	Existing Provider Capacity Units	Total Capacity (all providers) in County
Alternative Living Unit (ALU)			
CSLA (individuals)			
Supportive Housing			

Table 6
EQUIPMENT AND FURNISHINGS REQUEST

Name of Applicant Agency: _____

Request for Fiscal Year: **FY 2022**

ITEM DESCRIPTION (*Describe as fully as possible*)	**QUANTITY**	**NET UNIT COST***	**TOTAL COST**	
			Requested	**Approved****

* Net anticipated purchase cost, i.e., catalog price less any discounts.
** To be completed by the Maryland Department of Health.

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C A P I T A L F I N A N C I A L S U M M A R Y

Complete Cost Estimate Worksheet before completing this Financial Summary sheet.

Name of Applicant Agency _____

A. Costs in which State Government may participate (totals from Cost Estimate Worksheet on pages 9 and 10):

1. Construction (add B9, C9, D7 and E7) $_____
2. Contingency (add B10, C10, D8 and E8) $_____
3. Fixed Equipment not in Contract* $_____
4. Moveable Capital Equipment F.4* $_____
5. Site Survey and Soil Investigation $_____
6. Architect's Fees _____% (G.) $_____
7. Architect's Reimbursables (H.) $_____
8. Site Acquisition (A**) $_____
9. Other (specify):
   a. _____
   b. _____ _____
10. Total Costs $_____A.10
11. State Funds Requested _____% of A.10 above $_____A.11

B. Costs in which State Government may not participate:

1. Closing Costs $_____
2. Non-Capital Equipment $_____
3. Consultant Fees $_____
4. Land $_____
5. Off-Site Improvements $_____
6. Other (specify):
   a. _____
   b. _____
7. Total Costs $_____B.7

C. Total A.10 and B.7 above $_____

D. Financial Information (attach supporting documents for each; e.g., letter from bank):

1. Matching Funds

		Anticipated	Actual In-hand	
a.	Cash and Securities	$_____	$_____	
b.	Gifts and Donations	$_____	$_____	
c.	Mortgage	$_____	$_____	
d.	Federal	$_____	$_____	
e.	Local	$_____	$_____	
f.	Other (specify): _____	$_____	$_____	
g.	Total	$_____	$_____	$_____

2. MDH Capital Program Grant Funds Requested $_____
3. Add D.1. and D.2. (must equal C. above) $_____

**** Eligible equipment includes equipment built-in at the time of construction or moveable equipment with a 15-year life. Computers, non-commercial appliances, etc. are not eligible.***
***** Only land with a structure is eligible for State funds. Land on which you intend to build a structure is not eligible. For acquisition, two appraisals will be needed. State participation will be limited to the value approved by the Department of General Services (DGS) based upon the appraisals or actual acquisition cost, whichever is lower. The cost of appraisals is an allowable cost. (Appraisers must be on the DGS approved list.)***

MARYLAND DEPARTMENT OF HEALTH
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OPERATING COST PROJECTIONS

Name of Applicant Agency: _____

	Current Agency Budget (1) (FY 20_____)	Current Facility Budget (2) (FY 20_____)	Current Expansion, etc. (3) (FY 20_____)
I. Revenues			
Medicaid	$ _____	$ _____	$ _____
Medicare	_____	_____	_____
Other Insurance	_____	_____	_____
Entitlement Programs, e.g., Social Security, V.A., Public Assistance (specify):			
_____	_____	_____	_____
Title III, Older Americans Act	_____	_____	_____
HUD	_____	_____	_____
Grants	_____	_____	_____
MDH	_____	_____	_____
County/Local	_____	_____	_____
Other (specify):			
_____	_____	_____	_____
Private Donations	_____	_____	_____
Consumer Fees/Rates	_____	_____	_____
Other (specify):			
_____	_____	_____	_____
TOTALS	$ _____	$ _____	$ _____
II. Expenses	$ _____	$ _____	$ _____
Consultant Fees	_____	_____	_____
Rent or Mortgage	_____	_____	_____
Salaries, Wages and Fringe Benefits*	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Telephone	_____	_____	_____
Repairs & Upkeep	_____	_____	_____
Supplies & Materials	_____	_____	_____
Office	_____	_____	_____
Housekeeping	_____	_____	_____
Other	_____	_____	_____
Operating Equipment	_____	_____	_____
Food	_____	_____	_____
Transportation	_____	_____	_____
Home Office	_____	_____	_____
Accounting	_____	_____	_____
Other (specify):			
_____	_____	_____	_____
TOTALS	$ _____	$ _____	$ _____

(1) *LOCAL HEALTH DEPARTMENTS - Submit your budget for this program only.*
(2) *Do not complete this column for new construction/acquisition.*
(3) *After completing this section, please use an additional sheet of paper to indicate how firm a commitment you have for any additional dollars you will need to operate this proposed project. Discuss any possible funding sources and list any grant applications (include current status).*
* *These totals should match the information for Section C Staffing Pattern, page 14.*

MARYLAND DEPARTMENT OF HEALTH
OFFICE OF FACILITIES MANAGEMENT AND DEVELOPMENT

FY 2022 - Application for Administration-Sponsored Capital Program Grant

_____	_____
Name of Applicant Agency	*Date*

LISTING OF ALL PRINCIPALS

(Include Officers and Board of Directors)

FY 2022 - Application for Administration-Sponsored Capital Program Grant

ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 SECTION 504 OF THE REHABILITATION ACT OF 1973

As a condition necessary to the award of State and/or Federal funds,

_____

(hereinafter called the "Applicant") HEREBY AGREES that it will comply with Title VI of the Civil Rights Act of 1964 and with Section 504 of the Rehabilitation Act of 1973, their amendments and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services issued pursuant to these acts, to the end that no person in the United States and/or State of Maryland shall on the grounds of race, color, national origin, handicapped status, or religion be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by an applicant that receives Federal and/or State financial assistance from the State of Maryland, Maryland Department of Health, and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

In addition, the Applicant agrees that there will be no discrimination in any phase of employment practices, policies or procedures based on race, religion, age, sex, political affiliation or handicap.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal and/or State financial assistance extended after the date hereon to the applicant by the State of Maryland, Maryland Department of Health including installment payments after such date on account of applicants for Federal and/or State financial assistance which were approved before such date. The Application recognizes and agrees that such Federal and/or State financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States and/or State of Maryland shall have the right to seek judicial enforcement of this assurance. The assurance is binding on the applicant, its successors, transferees, and assignees, and the person or persons whose signature appears below are authorized to sign this assurance on behalf of the Applicant.

The recipient *(check a or b):*

a. _____employs fewer than 15 persons.
b. _____employs 15 or more persons and has designated the following person(s) to coordinate its efforts to comply with these HHS regulations:

_____
Name of Designee(s) - Type or Print

_____
Signature(s) of Designee(s)

_____ _____
Date **Applicant**

_____
Applicant's Mailing Address

MARYLAND DEPARTMENT OF HEALTH
OFFICE OF FACILITIES MANAGEMENT AND DEVELOPMENT

FY 2022 - Application for Administration-Sponsored Capital Program Grant

APPLICANT CERTIFICATION

1. Please sign either (a) or (b) below to indicate whether the Applicant will or will not operate the facility and provide the services.

   (a) The Applicant **will** operate the facility and provide the services.

   _____
   (Signature)

   (b) The Applicant **will not** operate the facility and provide the services.

   _____
   (Signature)

2. On behalf of the governing board or other executive authority of

   _____
   (Applicant)

   I affirm that the information and estimates conveyed in this application are true and accurate to the best of my knowledge. I further agree that this facility shall be used for the purpose set forth in this application for a period of thirty (30) years and that any proposed change in use shall require the approval of the State of Maryland, Board of Public Works. Finally, I shall comply with applicable laws and regulations that govern the use of State general obligation bond funds.

   _____ _____
   Signature of Executive Director/CEO of the Organization (Required) (Date)

   _____

   _____
   (Print or Type - Name and Title of Executive Director/CEO of the Organization)

A P P E N D I C E S

Additional Information for Behavioral Health

Grant Applicants Providing:

Substance-Related Disorder Services and/or Mental Health Services

Prepared by:

Behavioral Health Administration
Maryland Department of Health

If you have any questions about the materials in this packet, please contact
The Behavioral Health Administration,
Sarah Reiman (410)-402-8464
Kimberly Qualls (410)-402-8661

FY 2022 Grant Application for Administration-Sponsored Capital Program

January 2020

Information for Grant Applicants Providing Substance-Related Disorder Services and/or Mental Health Services

Introduction

The mission for the Behavioral Health Administration is:

The Behavioral Health Administration (BHA), through publicly funded services and support, promote recovery, resiliency, health and wellness for individuals who have or are at risk for emotional, substance related, addictive, and/or psychiatric disorders to improve their ability to function effectively in their communities."

The BHA continues to observe the need for community capacity that exceeds available operating and capital funding allocations due to a scarcity of resources. Housing that is affordable, safe, accessible, and integrated into the community is a major factor in enhancing the recovery of persons with behavioral health disorders. Therefore, housing remains a priority for Community Bond projects for serving the needs of the behavioral health population. Among the housing strategies found in the BHA Behavioral Health Plan are:

- Implementing efforts to increase housing opportunities through utilization of available state and federal grants and subsidies,
- Facilitating submission of applications to the Maryland Department of Health's (MDH's) Office Facilities Management and Development to leverage the Administration-Sponsored Capital Program Grant (Community Bond) to develop Supported Housing models and Recovery Housing, and
- Enhancing efforts to increase supportive recovery housing assistance to women with dependent children using state and federal funding subsidies.

These strategies are in concert with initiatives of MDH and the Governor on the state level that increase access to behavioral health services and are also in concert with national priorities of federal agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA), which facilitate the improved access to mainstream housing to support recovery.

Additionally, the BHA is committed to maintaining individuals within a recovery continuum so that the supports needed to assume a healthy and productive lifestyle are available. The creation or enhancement of support services, such as housing, for individuals diagnosed with a mental health disorder, as well as a substance-related disorder, also facilitates this commitment. These priorities apply to all levels of care and special populations. Research has shown that services offered in an integrated setting for both disorders achieves the most optimal outcomes and projects that support this are welcome. Research also shows that women who are in treatment with their children have better outcomes, thereby positively affecting the child welfare system. Projects that include comprehensive gender-specific services, with the opportunity to focus on innovative family-centered services, also match the BHA priorities. Project applications submitted for grant funding must support the mission and priorities of the BHA.

1. Priority Populations

As noted earlier, the BHA mission statement identifies the priority population served as individuals who have, or are at risk for, emotional, substance-related addictive, and/or psychiatric disorders. Through Community Bond, the BHA selects projects that effectively expand, support, or enhance capital resources (buildings, houses, projects involving bricks and mortar) for the following high priority populations:

Priority Populations for Grant Applicants Providing Substance-Related Disorder (SRD) Services

- Adults - individuals who are 18 years and older with a substance-related disorder, diagnosed according to the current American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM 5),
- Individuals with substance-related disorders who are at risk for relapse due to an unstable recovery/living environment,
- Individuals with opioid-related disorders engaged in Medication Assisted Treatment (MAT),
- Individuals identified as intravenous drug users,
- Individuals with substance-related disorders transitioning from incarceration to the community,
- Individuals who are HIV positive,
- Individuals with co-occurring disorders, and
- Pregnant women and women with children

Priority Populations for Applicants Providing Mental Health Services

- Adults - individuals who are 18 years and older with a serious and persistent mental disorder, diagnosed according to the current American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM 5),
- Individuals transitioning from more intensive level residential rehabilitation program (RRP) services to Supportive Housing (SH) so that individuals in state hospitals may access the vacant RRP beds, thus reducing hospital census,
- Individuals with serious and persistent mental illness who have achieved maximum benefit from an RRP and are ready to move to independent living
- Individuals with serious and persistent mental illness who may have forensic involvement and are ready for discharge from a state hospital,
- Transition Age Youth (TAY) with serious mental illness transitioning from residential treatment centers (RTCs), and
- Individuals with serious and persistent mental illness and co-existing conditions, including but not limited to court and criminal justice involvement, traumatic brain injury (TBI), homelessness, substance-related disorders, victims of trauma, and individuals who are deaf or hard of hearing.

If you wish to discuss any of these options or other co-funding resources, please contact Sarah Reiman, Office of Planning, BHA, at 410-402-8464, or e-mail her at

sarah.reiman1@maryland.gov. For Community Bond housing options for individuals with substance-related disorders, please contact Kimberly Qualls, Office of Systems Integration/Community Liaison, BHA at 410-402-8661 or kimberly.qualls@maryland.gov. You may also contact Ahmed Awad, Administrator, Office of Facilities Management and Development, MDH at 410-767-6589 or e-mail him at ahmed.awad@maryland.gov .

2. Priority Criteria

Priority Criteria for Grant Applicants Providing Substance-Related Disorder Services

Applications submitted by providers of substance-related disorder services that request capital grant funds through the Maryland Department of Health must adhere to the following requirements:

- **Projects that expand, support, or enhance recovery support services (i.e., sober- living, peer run, transitional, recovery housing, halfway house) for the identified priority populations,**
- **Projects that are in concert with MDH's priority of prevention and reduction of opioid overdose deaths,**
- **Highly encouraged: projects that expand, support, or enhance recovery support services and show a commitment to safe and affordable long term housing opportunities with tenant/landlord lease/ agreements (i.e., sober-living, peer run, transitional, and recovery housing) for the identified priority populations,**
- **Projects that develop referral relationships with outpatient treatment programs, FQHCs, Health Homes, Opioid Treatment programs, etc., and**
- **Projects that demonstrate that they are sustainable (i.e., provide a business plan for ongoing funding strategies).**

Priority Criteria for Grant Applicants Providing Recovery Residences

The inclusion of the use of pharmacology in treating substance-related disorders when necessary, can assist individuals in maintaining recovery. Just as other chronic medical conditions are treated with medications, programs treating those with substance-related disorders may consider maximizing the scope and use of medications in treating this illness when deemed appropriate.

- **Projects that leverage non-State capital funds such as Housing and Urban Development (HUD) and other federal funding, Community Development Block Grants, Maryland Affordable Housing Trust Funds, and/or local public/private funding,**
- **Projects that partner with RRPs to transition individuals from RRPs to community housing (creating vacancy for hospital discharges and reducing reliance on emergency departments and/or detention centers)**
- **Projects that leverage $3 in matching funds for every $1 in Community Bond funds,**

- **Projects that develop a minimum of 5 or more housing units (scattered site); or projects that show cost efficiency in providing housing (projects that are acquiring a new house or requesting structural changes must submit a plan of when the application for Maryland Certification of Recovery Residences (MCORR) certification will be submitted),**
- **Projects that develop referral relationships with outpatient treatment programs, FQHCs, Health Homes, Opioid Treatment Programs, and**
- **Projects that demonstrate sustainability (i.e. provide a business plan for ongoing funding strategies).**

Priority Criteria for Grant Applicants Providing Mental Health Services

The Behavioral Health Administration (BHA) is seeking to expand safe affordable housing units for individuals with serious and persistent mental illness. To this end, BHA has established the following high priority criteria in considering applications:

- **Projects that partner with residential rehabilitation programs (RRPs) to transition individuals from RRPs to Supportive Housing, Assertive Community Treatment (ACT) teams or other community housing to support consumers discharged from the state hospitals (creating vacancy for hospital discharges and reducing reliance on emergency departments and /or detention centers).** Please include in your "Scope of Work" a statement describing how your project contributes to this process. If there is a plan for filling those vacated RRP beds with individuals who are referred by BHA and the Core Service Agency (CSA) or Local Behavioral Health Authority (LBHA), letters of support and commitment to such plans should be provided by the CSA/LBHA and partnership entities (including representatives from the state hospitals, CSAs/LBHAs, developers, local public housing authorities (PHAs), housing providers, and RRP providers, etc.).
- **Projects that show evidence of a "failure-proof" structured referral process to identify, assist, and show a commitment to the highest priority consumers, particularly those who are referred by the state hospitals or RRPs, will be given priority,**
- **Projects that develop >20 housing non-clustered units (scattered site) or projects that show cost efficiency in providing housing. It is important that projects will develop scattered-site housing – non-contiguous independent living units on scattered sites or condominium units scattered within one or more buildings. Small apartment buildings can be considered. Group homes, or more than three independent individuals in a single-family home, will not be considered,**
- **Projects that show commitment to the Supportive Housing (SH) model (i.e., landlord/tenant leases with full rights and responsibilities under State and local landlord legislation). Supportive housing that includes the following elements: choice of decent, safe, affordable housing, functional separation of housing and service provision, flexible voluntary services, and access to**

community integration; and is in compliance with civil rights and fair housing principles (including making reasonable accommodations, whenever and wherever necessary) are prioritized,

- **Projects that leverage non-State capital funds such as HUD and other federal funding, Community Development Block Grants, Maryland Affordable Housing Trust Funds, and/or local public/private funding, or that actively partner with public housing authorities (PHAs) to maximize resources,**
- **Projects that include a commitment of rent subsidies such as Housing Choice Vouchers (HCVs) for either tenant-based or project-based units or the federal HUD 811 Project Rental Assistance (PRA), and**
- **Projects that leverage $3 in matching funds for every $1 in Community Bond funds.**

Also, BHA will consider projects that use structural changes to facilitate or develop an integration of behavioral health services that promote prevention, provide crisis and diversion services, and integrate with somatic services that are consistent with the priorities of the MDH behavioral health integration process. This process involves development of programs and services that utilize models of dual diagnosis of mental health and substance-related disorders to serve individuals, the majority of whom have serious and persistent mental illness.

3. The Application Consent Process

BHA works collaboratively with **Core Service Agencies (CSAs), Local Addictions Authorities (LAAs)**, and **Local Behavioral Health Authorities (LBHAs)** to assure that behavioral health services are planned, managed, and monitored at the local level; as a result, requirements for the application process include seeking support from these entities.

Local Addiction Authority (LAA)

Applications submitted by providers of substance-related disorder services that request capital grant funds through the MDH must adhere to the following requirements:

1. The project must demonstrate that it is supported by a county/city Local Addiction Authority (LAA), (please see the enclosed forms), and

2. The project must demonstrate need for the services as included in the LAA Plan. Please provide a specific citation that shows the need for the proposed services.

Contacts for the city or county Local Addiction Authority can be found on the Web site at https://bha.health.maryland.gov/Pages/Index.aspx by clicking on BHA divisions, Systems Integration/Community Liaison, LAA.

Core Service Agency (CSA)/Local Behavioral Health Authority (LBHA)

Applications submitted by providers of mental health services that request capital grant funds through MDH must include notification of the Core Service Agencies (CSA) or Local Behavioral Health Authority (LBHA).

CSAs/LBHAs are required to develop behavioral health plans and to update these plans annually. Plans must be approved by the BHA. The intention of the administration is that the development of mental health services and programs within a jurisdiction be in concert with the BHA priority outcomes and the approved CSA/LBHA plan. To that end, all providers of mental health services, ***whether or not they receive funds from the CSA/LBHA or from the BHA, must submit*** an "abstract", as specified on the enclosed forms in this appendix, for all applications for Administration-Sponsored Capital Program Grants for FY 2022 and must certify on the enclosed form that this has been done.

Core Service Agencies (CSAs)/Local Behavioral Health Authorities (LBHAs)/Local Addiction Authorities (LAAs)

CSAs/LBHAs/LAAs that currently exist in Maryland's 24 jurisdictions:

Allegany County	Harford County
Anne Arundel County	Howard County
Baltimore City	Garrett County
Baltimore County	Montgomery County
Calvert County	Prince George's County
Carroll County	St. Mary's County
Cecil County	Washington County
Charles County	Somerset County
Frederick County	Worcester County
Mid-Shore: Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties	Wicomico County

Questions about CSAs/LBHAs may be addressed to Sarah Reiman, Office of Planning, BHA, at 410-402-8464 or sarah.reiman1@maryland.gov.

Questions about LAAs/LBHAs may be addressed to Kimberly Qualls, Office of Systems Integration/Community Liaison, BHA at 410 402-8661 or kimberly.qualls@maryland.gov.

*Please note, CSAs/LAAs/LBHAs **do not** have the authority to approve or disapprove applications for Administration-Sponsored Capital Program Grants. CSAs/LAAs/LBHAs and the Administration are aware that many of these local authorities apply for grant funds under the Administration-Sponsored Capital Grant Program and, therefore, are in competition with other applicants for funding. Still, it is in the best interest of all providers to work with the CSAs/LAAs/LBHAs to ensure that applications are in concert with local and state plans because this will be one of several criteria for prioritization of Administration-Sponsored Capital Program Grant applications.*

Grant Applicants for Behavioral Health Services

Procedure for Applicant to Notify Core Service Agency of Intent to Submit An Application for Administration-Sponsored Capital Program Grant

You must send a copy of the completed application materials that are listed below to your local CSA, LBHA, or LAA.

Pages 6, 7 and 8 (Project Summary Forms)
Pages 9 and 10 (Cost Estimate Worksheets)
Page 28 (Capital Financial Summary Form)
Page 29 (Operating Cost Projections Form)

You must also send a copy of the following portions of the outlined material from your narrative to your local CSA, LBHA, or LAA.

I. Project Overview
II. Administrative Information
III. Project Description

Please submit the above information to the CSA, LBHA, or LAA as early as possible so you can receive feedback on your application and, if necessary, bring it into compliance with the CSA, LBHA, or LAA plan.

This page must be completed, signed and attached to your application for an Administration-Sponsored Capital Program Grant. Your application will not be prioritized by the BHA without this signed form.

The abstract materials from our Administration-Sponsored Capital Program Grant application (as listed above) were sent to the following individuals at our local CSA, LBHA, or LAA on:

_____
Date

Name of Individual at Local CSA, LBHA, or LAA _____
CSA, LBHA, or LAA Address _____

_____
Applicant's Signature _____
Print Applicant's Name _____
Applicant's Position at Agency _____

LOCAL ADDICTION AUTHORITY/LOCAL BEHAVIORAL HEALTH AUTHORITY/CORE SERVICE AGENCY REVIEW REPORT

Application for FY 2022 Administration-Sponsored Capital Program Grant
Report to be completed by the Core Service Agency, Local Behavioral Health Authority, or Local Addiction Authority

This application for the following provider was reviewed: _____
Date

Name: _____
Address: _____
_____

Request for: _____
Type of Project
This project (check one):

_____ Comports with the CSA/LBHA/LAA plan for service development.
_____ Requires minor changes to comport with the CSA/LBHA/LAA plan.
Specify: _____
_____
_____

_____ Requires major changes or does not comport with the CSA/LBHA/LAA plan.

The applicant was advised of this review on: _____
Date

Check one: _____ Phone _____ Letter _____ In Person _____ E-mail

Additional comments: _____
_____
_____

Also check:

_____ The CSA/LBHA/LAA does not intend to submit an application for FY 2022 Administration- Sponsored Capital Program Grant

_____ The CSA/LBHA/LAA does intend to submit an application for FY 2022 Administration-
Sponsored Capital Program Grant for the following project(s): _____
_____
_____

Signature: _____
Print Name: _____
Position: _____

SEND ORIGINAL CSA/LBHA/LAA FORM TO:
Mr. Ahmed G. Awad, Administrator, General Obligation Bond Program,
Office of Facilities Management and Development 201 West Preston Street, Room 538E, Baltimore MD 21201. *This form, when completed by the* CSA/LBHA/LAA, *should be returned to the applicant.*

ABBREVIATED GLOSSARY OF BEHAVIORAL HEALTH ADMINISTRATION HOUSING TERMS

ACT Assertive Community Treatment- is a service model provided by community-based, mobile mental health treatment teams. The ACT team approach is designed to provide comprehensive psychiatric treatment, rehabilitation, and support to persons with Serious and Persistent Mental Illness, or personality disorders with severe functional impairments, to live independently in the community. Persons served by ACT often have co-existing problems such as homelessness, substance abuse, frequent hospitalization, and/or involvement with the judicial system.

BHA Behavioral Health Administration - the Administration within the Maryland Department of Health (MDH) that establishes regulatory requirements that behavioral health programs are to maintain in order to become certified or licensed by the Department. BHA is responsible for funding and overseeing all State-supported mental health services and charged with developing and monitoring services related to prevention and treatment of substance-related and addictive disorders.

COD Co-occurring Disorder - refers to co-occurring substance-related and mental health disorders. COD exists "When at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder.

CSA Core Service Agency - the designated county or multicounty authority that is responsible for planning, managing, and monitoring publicly funded mental health services. CSA responsibilities include planning, providing for service provision according to locally determined needs, monitoring service delivery, and evaluating service outcomes.

HUD The Department of Housing and Urban Development- HUD is the Federal agency responsible for national policy and programs that address America's housing needs, that improve and develop the Nation's communities, and enforce fair housing laws. It administers major programs such as mortgage and loan insurance through the Federal Housing Administration, Community Development Block Grants, Rental Assistance in the form of Section 8 certificates or vouchers for low-income household, public or subsidized housing for low-income individuals and families and homeless assistance.

LAA Local Addiction Authority - the designated quasi government body, county or multicounty authority that is responsible for system development, planning, managing, and monitoring publicly funded substance-related and addictive disorder services. The LAA is also responsible for investigating complaints about providers and enhancing existing contract monitoring functions.

LBHA Local Behavioral Health Authority – The local entity that is a combined CSA and LAA.

LICENSED HALFWAY HOUSE
Clinically managed, low intensity residential treatment program that offers at least 5 hours per week of on-site treatment services, facilitated by a certified or licensed counselor/therapist for individuals with substance-related disorders who are capable of self-care but are not ready to return to independent living. Halfway Houses are monitored and certified by the Office of Health Care Quality (OHCQ) and follow standards as set forth in the Code of Maryland Regulations (COMAR).

MAT Medication Assisted Treatment- Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

MCORR Maryland Certification of Recovery Residences- Under House Bill 1411, titled "Health - Recovery Residences – Certification" which was enacted under Article II 17 (c) of the Maryland Constitution on May 28, 2016 and became effective on October 1, 2016, the Maryland Department of Health (MDH) was required to approve a credentialing entity to develop and administer a certification process for recovery residences. Certification is required for any Recovery Residence that: receives State funds; operates as a certified recovery residence; is advertised, represented of implied by any individual, partnership, corporation, or other entity as being a certified recovery residence.

MDH Maryland Department of Health- The Administration that regulates health care providers, facilities, and organizations and manages direct services to patients, where appropriate. Its goal is to improve the health status of every Maryland resident and to ensure access to quality health care MDH has four major divisions- Public Health Services, Behavioral Health, Developmental Disabilities, and Health Care Financing. In addition, the department has 20 boards that license and regulate health care professionals and various commissions that issue grants and research and make recommendations on issues that affect Maryland's health care delivery system.

OTP Opioid Treatment Program – a program approved to provide opioid maintenance therapy.

PBHS Public Behavioral Health System - the system that provides medically necessary behavioral health services and supports for Medical Assistance participants and certain other uninsured and otherwise eligible individuals.

PEER RUN HOUSING

This is a democratically run, self-supporting housing program in which all expenses are shared by residents. The housing structure is governed by a manual or by set policy and procedures. Residents are required to participate in drug screening and house meetings, as well as encouraged to participate in self-help meetings.

PHA Public Housing Authorities- PHA's provide federally funded public housing programs and related services to low-income residents. The Maryland Housing Authority is made up of several city and county branches and has programs that cover both voucher programs for housing and public housing if available. .PHA's can assist with several different things including applying for programs, help finding new housing and issues with current living arrangements.

RECOVERY A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Four areas that, when strengthened, can support a life in recovery include: health, housing, meaningful daily activities/purpose, and community.

RECOVERY SUPPORT SERVICES

A broad range of clinical and non-clinical community and faith-based services provided before, during, or after clinical treatment. These services also may be provided to individuals who are not in treatment but are seeking recovery support services. Recovery support services are facilitated by behavioral health care service providers, peers, and others with lived recovery experience. They also facilitate coordination of care, provide linkage to services, and remove barriers to sustained recovery, health and wellness.

RRP Residential Rehabilitation Program - provides rehabilitation and support services in a residence to individuals with serious mental illness.

RTC Residential Treatment Center- RTC is a psychiatric institution that provides campus-based intensive and extensive evaluation and treatment of children and adolescents with severe and chronic emotional disabilities who require a self-contained therapeutic, educational, and recreational program in a residential setting.

SAMHSA The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.

SH Supportive (or Supported) Housing - This approach is designed to increase housing options available to persons with serious mental illness. Through supportive living programs, individuals with psychiatric disabilities may access an array of flexible services and supports to enable them to live in the housing of choice and to become participating members of the community with the same rights and responsibilities as other community residents.

Permanent Supportive Housing includes the following elements:

- Decent, safe, and affordable housing
- Functional separation of housing and service provision
- Integration
- Full rights and responsibilities of tenancy
- Compliance with civil rights and fair housing principles, including making reasonable accommodations, whenever and wherever necessary

SRD Substance Related Disorders- disorders that refer to either the abuse or dependence on a substance. The drugs used are often associated with levels of intoxication that alter judgment, perception, attention and physical control, not related with medical effects.

SUPPORTIVE TRANSITIONAL/RECOVERY HOUSING PROGRAM

This program maintains oversight by a house manager or senior resident. Recovery Housing programs are governed by policy & procedures and require residents to participate in drug screening, house meetings, and self-help meetings.

TAY Transitional Age Youth are young people, ages 16 to 24, who are at high risk of not successfully transitioning into independent adulthood due to the complexity of their needs, the many challenges they face, and the lack of a support system to assist them.

TBI Traumatic Brain Injury (TBI) is defined as sudden, permanent damage to the brain caused by external, mechanical forces (e.g., a blow to the head suffered during a motor vehicle accident).

Additional Information
for

Grant Applicants Providing Services to

Individuals with Developmental Disabilities

Prepared by:

Developmental Disabilities Administration
Maryland Department of Health

If you have any questions about this information, please contact the
Developmental Disabilities Administration
Patricia Sastoque at -410-767-5567

Information for Grant Applicants Providing Services to Individuals with Developmental Disabilities

The Developmental Disabilities Administration:

- Provides a service system for people with developmental disabilities
- Partners with individuals with developmental disabilities and their families to provide leadership and resources to enable these individuals in living fulfilling lives.
- Is guided by the principle that individuals with developmental disabilities have the right to direct their lives and services.

We do this by focusing on five areas:

- Employment
- Self-Determination
- Self-Advocacy
- Supporting Families
- Housing

The mission of the Developmental Disabilities Administration (DDA) is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life and to promote their empowerment to access quality supports and services necessary to foster personal growth, independence, and productivity. People with developmental disabilities have the right to direct their lives and services. DDA partners with people with developmental disabilities to provide support and resources to live fulfilling lives. DDA follows the *Centers for Medicare and Medicaid Services (CMS) final community settings rule by* ensuring that everyone has access to homes that:

1) Are integrated in and support full access to the greater community.
2) Are selected by the individual from among setting options.
3) Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint.
4) Optimize autonomy and independence in making life choices.
5) Facilitate choice regarding services and who provides them.

To support this mission, DDA has established the following requirements and priorities for the Administration-Sponsored Capital Bond Program:

Requirements:

All projects must promote self-determination, community inclusion, community collaboration, consumer empowerment and meet the qualifications

of the CMS final community settings rule. The rule requires that all settings must:

- Be integrated in and facilitate full access to the greater community;
- Optimize autonomy and independence in making life choices;
- Be chosen by the individual;
- Ensure the right to dignity, respect, freedom from coercion and restraint, and privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- Provide an opportunity to seek competitive employment;
- Provide individuals an opportunity to choose a private unit in a residential setting with a lease or other legally enforceable agreement providing similar protections; and
- Facilitate choice of services and who provides them.

Priorities:

- **Projects that will receive the highest priority** for Capital Bond funding are projects that promote separation of housing and services in independent housing through construction, acquisition, and/or renovation of residential properties where a landlord/tenant relationship is established without the landlord providing direct service(s) to the individuals living in those homes.
- Projects that are also a priority for Capital Bond funding include:
    - Projects that support individuals with forensic needs.
    - Projects that support children with intellectual/developmental disabilities and significant behavioral needs.

Applicants may consider the following approaches, as examples only, to support the Administration's priorities:

- Projects that will include financing from DHCD.
- Projects that may agree to accept Section 811 Project Rental Assistance, Weinberg Apartments, or other similar program funding provided no more than 25 % of the total units in the property are subject to occupancy restrictions for persons with disabilities.
- Projects that foster collaboration between non-profit housing corporations and service providers where a landlord/tenant relationship is established between the service recipient and landlord and where the provision of housing and services is administered separately such as:
    - Partnerships with service providers and local public housing authorities where the housing authority establishes the landlord/tenant relationship
    - Projects which leverage Federal HUD funding such as Section 202, Housing Choice Vouchers (either tenant-based or project-based)

- Partnerships with non-profit housing corporations that leverage private funding for the acquisition of lower cost housing available due to foreclosure.

Please contact Ms. Patricia Sastoque, if you are interested in discussing any of these options or any other projects that will support the DDA priority areas. Ms. Sastoque can be reached at 410-767-5567or by email at patricia.sastoque@maryland.gov.

Prioritization and Rating Forms
to be completed by
MDH/DDA Community Capital Bond Program

Bond bill applications/proposals submitted by providers of community services to individuals with developmental disabilities must support the **mission** of the Developmental Disabilities Administration and be consistent with DDA **vision**. They must support our focus on Self-Determination, Self-Advocacy, Supporting Families, Housing, and Employment.

They must also be consistent with the CMS Community Settings Rule.

Mission: The mission of the Developmental Disabilities Administration is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life and to promote their empowerment to access quality supports and services necessary to foster personal growth, independence, and productivity.

Vision: The Developmental Disabilities Administration takes the leadership role in building partnerships and trust with families, providers, local and state agencies, and advocates assuring those individuals with developmental disabilities and their families have access to the resources necessary to foster growth, including those resources available to the general public. Because of our inherent belief in the rights and dignity of the individual, we are committed to:

- The empowerment of all individuals with developmental disabilities and their families to choose the services and supports that meet their needs.
- The integration of individuals with developmental disabilities into community life to foster participation.
- The provision of quality supports, based on consumer satisfaction, that maximizes individual growth and development.
- The establishment of a fiscally responsible, flexible service system that makes the best use of the resources that the citizens of Maryland have allocated for serving individuals with developmental disabilities.

CMS Community Settings Rule: The rule supports enhanced quality in service and adds protections for individuals receiving services. In addition, this rule reflects CMS' intent to ensure that individuals have full access to the benefits of community living and are able to receive services in the most integrated setting.
https://www.medicaid.gov/medicaid/hcbs/index.html

Name of Agency Submitting Proposal: _____
Overall Proposal Priority is: _____
Overall Proposal Availability is: _____ points out of 20 points.

Apply the following criteria in reviewing, prioritizing, and rating proposals:

- **Requirement:** Does the project in the proposal promote self-determination, community inclusion, community collaboration, consumer empowerment and meet the qualifications of the CMS final community settings rule. These requirements include:
    1) *Be integrated in and facilitate full access to the greater community;*
    2) *Optimize autonomy and independence in making life choices;*
    3) *Be chosen by the individual;*
    4) *Ensure the right to dignity, respect, freedom from coercion and restraint, and privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;*
    5) *Provide an opportunity to seek competitive employment;*
    6) *Provide individuals an opportunity to choose a private unit in a residential setting with a lease or other legally enforceable agreement providing similar protections; and*
    7) *Facilitate choice of services and who provides them.*

- **Prioritization:**

A. Support of DDA Priorities: Does the proposal demonstrate that the project is supportive of the priorities set by the DDA? Yes_____No_____
Examples:

- Highest Priority:
    - Projects that promote separation of housing and services in independent housing through construction, acquisition, and/or renovation of residential properties where a landlord/tenant relationship is established without the landlord providing direct service(s) to the individuals living in those homes. This includes multifamily rental projects receiving DHCD funding, including Section 811 PRA or Weinberg Apartment, or other similar programs.
- Additional priorities:
    - Projects to construct, acquire, and/or renovate residential properties that will provide supports to people with forensic needs.
    - Projects to construct, acquire, and/or renovate residential properties that will support children with significant emergency behavioral needs.

B. Demonstration of Need: Were you able to confirm the need for this project? How did you confirm this information? (Site visits, waiting lists for services, waiting lists for Section 8 vouchers, Maryland Department of Disabilities' housing waitlists, consumer and family feedback, provider information indicating individuals in day programs are waiting for supported employment, etc.)
Yes ____ No ____

C. Self Determination: Are self-determination and individual choice clearly incorporated as essentials? How is this incorporated?

Yes ____ No ____

D. Community Inclusion: Does the proposal promote the inclusion of consumers into the community? Please indicate how that is accomplished.

Yes ____ No ____

E. Does the proposal promote collaboration with other agencies, i.e., inter-agency partnerships? Please describe the agencies and collaborations.

Yes ____ No ____

Prioritization Scoring:

	YES	**NO**
A. Supportive of DDA Priorities - Highest	____	____
other	____	____
B. Demonstration of Need	____	____
C. Self Determination & Individual Choice	____	____
D. Consumers Included in Community	____	____
E. Collaboration/Inter-Agency Partnerships	____	____

Prioritization Score: (Total Yes Answers):____

Priority Scale:

5 yes answers = high
4 yes answers = high moderate
3 yes answers = moderate
2 yes answers = low moderate
1 yes answer= low

Prioritization Scale: _____

II. Availability

A. Does the site meet ADA accessibility guidelines? (If the request is for construction or renovations to comply with ADA, award the points.)

Yes = 5 points No = zero points

B. Site - 5 points maximum. The requesting agency/partnership has:

Ownership of the site or has a 30-year lease.....5 points
An option on the site .....3 points
Identified the site but does not own or have option.....2 points
Identified the type and area but not yet located……...1 point

C. Matching Funding - 5 points maximum.

Cash available now equals 50% match from any source…… ...5 points
Other grant or loan available equals 50% match from any source.5 points
Cash available now equals 25% match from any source……....4 points
Other grant or loan available equals 25% match from any source 4 points
Application for eligible loan or another grant on file…... .....3 points
Will fund raise……1 point

AVAILABILITY SCORING - 20 points maximum

A. ADA accessibility compliance ____ points

B. Site rating __ points

C. Funding rating ____ points

Total Availability Score: ___ points

TOTAL SCORE: Record the total points awarded under the priority scoring and the availability scoring.

Prioritization Score: _____ includes highest priority project ____YES/NO

Prioritization Scale: _____

Availability Score: _____

Regional Contact:

Date: _____ Telephone:_____

Additional Information

for

Federally Qualified Health Centers Capital Funding Applicants

Prepared by:

The Primary Care Office (PCO)
Office of Population Health Improvement (OPHI)
Maryland Department of Health (MDH)

If you have any questions about this information, please contact

Elizabeth Vaidya, Director
Primary Care Office
Elizabeth.vaidya@maryland.gov
410-767-5695

January 2020

To All Federally Qualified Health Centers

Areas of Priority to Be Considered in Grant Applications for Capital Funding

The Maryland Primary Care Office, in collaboration with the Primary Care Association, has developed the following list of priorities to be considered for inclusion in the review of any grant applications received for grant funding for Fiscal Year 2022.

The list will provide a basis for determining the State's greatest needs for FQHC services in keeping with federal guidelines and to make available quality health care services for the underserved throughout the State. The list is in no way meant to be exclusionary. The Primary Care Office is aware that the FQHCs provide much-needed services and that their expansion plans will benefit the underserved. The evaluation of grant applications will be done equally. The list below serves only to provide an agreed upon set of priorities if funding will not support awards to all applicants.

The agreed-upon priorities in order of importance include:

- Projects that support behavioral health services.
- Projects that would expand services into counties of Maryland not currently served by FQHCs.
- Projects that support and/or foster inclusive or innovative collaborations among community agencies and/or community integration (e.g., a Local Health Improvement Coalition, or a cooperative agreement between an FQHC, a community hospital, a local health department, a mental health provider, or a school-based health center).
- Projects that would expand into counties/jurisdictions already served but which can establish documented evidence of inadequate services in that area through reports such as the State Health Improvement Process (SHIP), Prevention Quality Indicators (PQIs), or the 2016 Primary Care Office's Need Assessment.
- Projects that support obstetrical and gynecological services.
- Projects that support dental services.
- Projects in rural areas that improve healthcare access.
- Project readiness based on application.

Please ensure that you submit an electronic copy of your Capital Funding application with all attachments, as well as a **copy of your most current UDS report** to the Primary Care Office for review to Elizabeth Vaidya, Elizabeth.vaidya@maryland.gov. Should you have any questions, she can be reached at (410) 767-5695.