



DPHHS- RESIDENTIAL GRANT PROGRAM FREQUENTLY ASKED QUESTIONS

Updated: 3/21/2024

What is the Residential Grant Program?

The Residential Grant program provides up to \$10 million to increase residential bed capacity to community providers. Funding is available to provide grants to congregate community living providers who primarily serve individuals with a serious mental health, substance use disorder, serious emotional disturbance or developmental disability diagnosis. The goal of the grant program is to stabilize or increase residential service provision as needed across the state and build sustainable capacity.

What are the allowable uses of the grant funds?

Allowable uses of these funds include:

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

What residential service settings are eligible for the grant program?

Eligible residential settings must be one of the following:

- Psychiatric Residential Treatment Facilities (PT38);
- Therapeutic Group Homes (PT61);
- Supported and Congregate Living (PT82);
- Adult Foster (PT82, PT59, PT88);
- Assisted Living Facilities (PT88, PT82);
- State Plan Behavioral Health Group Homes (PT59);
- SDMI Waiver Mental Health Group Homes (PT88);
- SDMI Waiver Intensive Mental Health Group Homes (PT88);
- SDMI Waiver Adult Group Home (PT88);
- ASAM 3.1 Clinically Managed Low Intensity Residential (PT32);
- ASAM 3.3 Clinically Managed High Intensity Population-Specific Residential (PT32);
- ASAM 3.5 Clinically Managed High Intensity Residential (PT32).

Are there other requirements of the grant program?

Yes, other requirements of the program include:

- Serve adults with SDMI, individuals with SUD, children with SED, individuals with IDD, or people with co-occurring MH/SUD and/or BH/IDD in a residential program in Montana;
- Fund operations primarily through Medicaid (i.e., greater than 50% of funding is Medicaid);
- Operate with a license now or will become licensed by the DPHHS Office of Inspector General, as appropriate;
- Be in good standing with the MT Secretary of State;
- Not be debarred or prohibited from contracting or receiving federal grants or loans;
- Projects must be planned for completion within 18 months of the grant award;
- Medicaid members will continue to receive services within the funded residence for at least 24 months following project completion;
- Current levels of residential services to Medicaid-enrolled individuals with SDMI, SUD, IDD, or SED will be maintained or increased; and
- Data reporting required by DPHHS as part of this program will be completed as requested by DPHHS.

Is there a deadline that I must submit my application by?

The grant applications are open from February 5th through March 8th.

When and how will I know if I was awarded a grant?

The Department expects to begin notifying successful applicants in April.

How are the grant dollars awarded and dispersed?

Providers will be awarded a certain dollar amount which will be outlined in their award letter and/or contract. Grant dollar disbursement will primarily be on a reimbursement basis following submission of documentation of expenditures. Additional details related to the grant dollar dispersal requirements and process will be included in the grant award letter and/or contract.

What if my agency has a potential project to increase residential bed capacity, but does not have the upfront capital to fund it and be reimbursed at a later time?

Variations of grant dollar dispersal based on reimbursement may be considered on a case-by-case basis. Please reach out to Ryan.Bonser@mt.gov to request consideration of an alternate funding process.

Can an agency submit an application which includes projects that were recently started or completed?

Yes, applications may include projects (and expenditures) which occurred on or after Governor Gianforte's approval of the Residential Grant Near Term Initiative, which occurred on December 19, 2023.

If I'm an enrolled Montana Medicaid Provider, can the grant be used for a setting that is not in-state?

Grant funds are only available to settings that are currently in or will be opened in the state of Montana. Providers whose administrative offices are located out of state, but who have in-state settings and services are eligible to apply for these grants for their in-state settings and services.

Can I apply for more than one grant?

Providers can apply for more than one grant but must submit a separate application for each proposed project. For agencies submitting multiple applications, priority will be placed on the application the provider designates as priority. Subsequent applications will be reviewed if funding is available.

Will my application be denied if I do not have architectural or other design plans yet?



No, a grant application will not be denied if architectural designs are not included; however, providers should submit the closest available substitute. This may include written plans of how the provider plans to obtain architectural and other building plans. Providers will be required to include design documentation, permits, etc., as part of ongoing reporting requirements.

Will my application be denied if my cost proposal exceeds the expected cost range provided?

No, a grant application will not be denied if the cost proposal exceeds the expected cost range; however, proposals that are higher will undergo a more comprehensive review. The Department reserves the right to adjust the award based on this review.

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What if my project takes longer than expected?

The Department expects that any delays to the project timeline will be communicated proactively. The grant requires projects to be completed within 18 months. The award letter and/or contract will include additional details on how to communicate with the Department regarding grant timeline adjustments.

What are the reporting or documentation requirements for the Residential Grant program?

Reporting requirements include but are not limited to:

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

More specific information regarding the cadence and format of the residential grant program reporting requirements will be specified in the grant recipients award letter and/or contract.

What is the CFDA Number?

Grants awarded are funded through HB 872 appropriated state funds and will not have a CFDA number.

Do entities have to go through the required bid process for repair or upgrade projects?

In general, entities should follow their own (if applicable) procurement processes. If it was a state or federal government entity, they would follow those procurement processes accordingly.

How can my organization access the presentation slides and recording of the webinar?

The PowerPoint presentation slides are available on the [BHSFG Website](#). You may request a copy of the recording of the webinar by emailing Ryan.Bonser@mt.gov.

Do we have to do relocation, like in HUD grants? If so, can we apply for relocation in the grant?

Although there are no specific relocation requirements in the Residential Grant criteria, providers must ensure the health and safety of clients while work is being done on a setting. If a project is on a licensed setting, please work



with your agency's licensing surveyor throughout the project development and implementation to determine if relocation is required.

Would renovating a space to convert it into a residential setting be considered opening an existing setting or building a new setting?

Renovating a space to convert it into a residential setting would be considered option #4 - purchasing or building a new residential setting.

Is the allowed 20% revenue supplementation on top of the 50% allowable cost towards purchase price?

The submitted project budget should include all costs of a proposed project, including purchase price and revenue supplementation, if applicable. Revenue supplementation should not exceed 20% of total project cost. For opening new settings or new builds, the department expects to fund projects at 50% of total project cost.

Does revenue supplementation include related non-Medicaid revenue sources such as room and board payments or adoption assistance payments?

No, revenue supplementation may only include Medicaid revenue at rates defined in this [rate table](#).

Can an agency apply for revenue supplementation if it has a setting that is at risk of closure?

No, revenue supplementation may only be included in projects that expand residential capacity by repairing or upgrading an existing residential setting, re-opening a closed residential setting or purchasing or building a new residential setting.

Is an agency allowed to submit a grant application for repairs or upgrades to a setting which is leased by the agency applying for the grant?

The department has no grant requirements or restrictions related to the ownership of the setting; however, all projects must submit building permits for projects as part of the ongoing reporting requirements, which would require submission by the property owner. Additionally, all projects would be subject to continuation of services in the setting to Medicaid-enrolled individuals for 24 months after project completion.

Is an agency able to apply for grants if the Medicaid population is currently under 51%, but with the increased capacity will be at or above 51%?

Yes, if expansion of an agency's residential capacity will bring the percentage of Medicaid-enrolled individuals to over 51%, the agency will be eligible for a grant award. Please make note of this in your project narrative.

What is the expectation of continued service of Medicaid clients? My agency can't guarantee that the same clients will be served in the setting for the next two years.

The requirement that an awarded agency will maintain Medicaid services over a period of 24 months is intended to be at the setting level, not at the individual client level. For example, if 50% of clients served by an agency are Medicaid-enrolled clients at the time of grant application, the agency is expected to maintain 50% for 24 months after project completion.

My agency plans to complete similar upgrades on multiple settings. Can I submit a single request which includes all settings since the upgrades are all the same or do I need to submit a separate application for each setting?

A separate application must be submitted for each project in each setting.

What if I have multiple documents to upload with my grant application, for example I have three documents I would like to submit for my architectural design?



The system only allows for one upload under each category (i.e., architectural designs, budget template, and timeline template), if you have multiple documents, please combine them into one PDF to upload.

Are the grants available for only licensed settings?

No, if the service/setting requires licensure than the provider must attest that the setting will be licensed. If the service/setting does not require licensing, then licensing will not be a requirement.

If we buy the home, do we have to have a provider and individual living in the home within 18 months, or do we just have to have the home purchased and ready to go within that timeframe?

The provider does not have to have individuals living in the home within 18 months, the project just needs to be considered complete and the home is ready for residents to move into.

We are submitting more than one grant application, are we able to work on multiple submissions in Submittable at one time?

No, you can only work on one submission at a time. The Department encourages providers to get grant applications in as soon as possible if you plan to submit multiple applications.