Maryland Department of Health
Behavioral Health Administration

AWARD INFORMATION

Award Recipient	Allegany County LBHA
Program/Initiative	Maryland Recovery Net SUD Client Support Funds
Award Name	Maryland Recovery Network (MDRN)
BHA Award Number	BH217CSS
Total Award Amount	$4,000
BHA Program Cost Allocation (PCA) Code	M281G
F# (LBHA/LAA)	F815N
BHA Division & Office	19. Treatment & Recovery - Evidence Based Practices, Housing & Recovery Supports
Health Factor Click on "Health Factor" link for more information	Health Behaviors
Award Period	July 1, 2025 - June 30, 2026
Award Recipient Program/Initiative Contact Person & Email Address	Rosanne Taylor, LBHA Coordinator: rosanne.taylor@maryland.gov Justin Davis, LBHA Director: justinl.davis@maryland.gov Allegany Co. LBHA Main Email Account: achd.bhso@maryland.gov
BHA Program/Initiative Contact Person & Email Address	Patricia Konyeaso, BA Office of Evidence Based Practices, Housing and Recovery Supports patricia.konyeaso@maryland.gov

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1. (Maryland RecoveryNet SUD Client Support Funds)

SECTION 1. PROGRAM/INITIATIVE SUMMARY

Local Addictions Authority/Local Behavioral Health Authority(LAA/LBHA) shall directly administer and disburse the MDRN Substance Use Disorder (SUD) Client Support Services funds for adults in accordance with the provisions below and may not contract with a sub-vendor for the administration and disbursement of these funds. The purpose of Maryland RecoveryNet SUD Client Support Funds is to enable an individual transitioning from an American Society of Addiction Medicine (ASAM) inpatient level of care (3.1, 3.3, 3.5, 3.7, 3.7WM), engaged in an outpatient level of care (1, 2.1, 2.5) incarceration, or homelessness to community-based care to access or retain community-based behavioral health. These services shall be linked to the client's clinical and/or recovery support plan goals. It is the intent of BHA that MDRN SUD Client Support Services funds be utilized as funding of last resort for the purchase of emergency goods and the provision of time-limited services. LAA/LBHA should prioritize funding based on the needs of the individuals in the jurisdiction and resource availability. MDRN SUD client support services, by definition, do not include recovery housing services which are authorized and reimbursed separately through the Administrative Services Organization (ASO).

SECTION 2. ACTIVITIES/SERVICES

The activities/services include, but are not limited to:
The LBHA/LAA shall reimburse MDRN approved care coordination providers for approved, actual costs for MDRN client support service(s) provided on behalf of MDRN eligible individuals upon receipt of a request as outlined in the COA-SOW. This reimbursement is not for care coordination.

The LBHA/LLA shall review the request for services by providers to verify the need and documentation provided substantiate approval or denial for the expenditure incurred or the service provided, including but not limited to original, itemized receipts and service documentation, as applicable verify the need, and documentation to substantiate the expenditure incurred or the service provided, including but not limited to original, itemized receipts and service documentation, as applicable.

Pharmacy Funds shall be used for MDRN clients who are not Medical Assistance (MA) or MCHIPS beneficiaries and who receive a prescription for a medication related to the treatment of a behavioral health disorder or a medication which supports the administration of a medication related to a behavioral health disorder, from a prescriber who is licensed by the Maryland Board of Physicians or the Maryland Board of Nursing and legally authorized to prescribe the medication.
Transportation Transportation costs for MDRN clients to access Fee for Service (FFS) Public Behavioral Health System (PBHS) SUD treatment services when MA does not pay for the transport
Vital DocumentsState identification cards and birth certificates
Transitional Support NeedsTransitional Support Needs Requests must be for specific items and not broad categories of items. Each item to be purchased must be specifically and separately described within the request.
Medical ServicesFunds may be used for dental services, for which no other resources exist. Funds may be

used for medical services, for which no other resources exist, such as eyeglasses and durable medical equipment.

Language Interpretive ServicesThe cost of language interpretive services is the primary responsibility and legal obligation of the service provider; however, under extenuating circumstances, funds may be used for reimbursement of foreign language or deaf and hard of hearing interpretative services for the individual to access or retain community-based substance use disorder services.

SECTION 3. PERFORMANCE MEASURES AND BENCHMARKS

Following are the performance measures and benchmarks for the award period.

General Performance Measures	
Performance Measure	**Benchmark for Award Period**
# individuals served - adults (insert additional general performance measures)	# 12 individuals served - recovery support services; itemized by service # $4000 Total costs of goods and services by category. The total cost of goods and services by category will be provided for each request. # 12 Itemized list of tangible items purchased with costs
Pharmacy	
Performance Measure	**Benchmark for Award Period**
Funds shall be used for MDRN clients who are not Medical Assistance (MA) or MCHIPS beneficiaries and who receive a prescription for a medication related to the treatment of a behavioral health disorder or a medication which supports the administration of a medication related to a behavioral health disorder, from a prescriber who is licensed by the Maryland Board of Physicians or the Maryland Board of Nursing and legally authorized to prescribe the medication.	1 #individual served - recovery support services; itemized by service provided $200 #Total costs of goods and services by category. The total cost of goods and services by category will be provided for each request. 1 #Itemized list of tangible items purchased with costs

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Performance Measure	Benchmark for Award Period
Transportation	
Performance Measure	**Benchmark for Award Period**
Transportation costs for MDRN clients to access Fee for Service (FFS) Public Behavioral Health System (PBHS) SUD treatment services when MA does not pay for the transportation	0 #individual served - recovery support services; itemized by service provided 0 #Total costs of goods and services by category 0 #Itemized list of tangible items purchased with costs
Vital Documents	
Performance Measure	**Benchmark for Award Period**
State identification cards and birth certificates	2 #individual served - recovery support services; itemized by service provided $100 #Total costs of goods and services by category. The total cost of goods and services by category will be provided for each request. 2 #Itemized list of tangible items purchased with costs
Transitional Support Needs	
Performance Measure	**Benchmark for Award Period**
Transitional Support Needs Requests must be for specific items and not broad categories of items. Each item to be purchased must be specifically and separately described within the request.	9 #individual served - recovery support services; itemized by service provided $3700 #Total costs of goods and services by category. The total cost of goods and services by category will be provided for each request. 9 #Itemized list of tangible items purchased with costs
Medical Services	

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Performance Measure	Benchmark for Award Period
Performance Measure	**Benchmark for Award Period**
Funds may be used for dental services, for which no other resources exist. Funds may be used for medical services, for which no other resources exist, such as eyeglasses and durable medical equipment.	0 #individual served - recovery support services; itemized by service provided 0 #Total costs of goods and services by category 0 #Itemized list of tangible items purchased with costs
Language Interpretive Services	
The cost of language interpretive services is the primary responsibility and legal obligation of the service provider; however, under extenuating circumstances, funds may be used for reimbursement of foreign language or deaf and hard of hearing interpretative services for the individual to access or retain community-based substance use disorder services.	0 #individual served - recovery support services; itemized by service provided 0 #Total costs of goods and services by category 0 #Itemized list of tangible items purchased with costs

SECTION 4. REPORTING

Program/initiative data must be submitted at a minimum every quarter. Reports are due 30 days after the close of the reporting period. The Department reserves the ability to request monthly data submissions to align with external reporting requirements. These reports are also due by the 30th of the following month for activities conducted in the prior month in a format and method required by BHA. For example, data collected from July 1-31 will be due on August 30. Data should be submitted by email to the Office of Evidence-Based Practices, Housing and Recovery Supports, Treatment and Recovery Division, mdrn.info@maryland.gov using Universal Reporting Form. BHA reserves the right to change the reporting frequency and format and will notify LBHAs/CSAs in advance. If reporting deadlines are missed, BHA may place the Award Recipient on a Corrective Action Plan.

BHA intends to host programmatic meetings to discuss program achievements and opportunities within and across jurisdictions. The LBHA/LAA/CSA must make staff available to participate in these discussions.

Quarterly Reporting

Quarterly reports are submitted on a Universal Reporting Form and due 30 days after end of quarter, to

include:

- Total number of individuals served
- Total number of individuals referred
- Total costs of goods and services by category
- Itemized list of tangible items purchased with costs

SECTION 5. OVERSIGHT AND MONITORING

- The Behavioral Health Administration will provide technical assistance, quality assurance and fiscal oversight to ensure that the Grantee, develops and monitors criteria for contract performance standards; procures services; develops budgets and monitors expenses; monitors service provision; repurposes unspent grant funds as appropriate to ensure best utilization of funding; conducts reviews for continued need of services performed.
- If services are provided by a sub-vendor, the LBHA/CSA must have a sub-vendor contract that outlines expectations for the program, including service delivery, performance measures and outcomes, and reporting frequency and format. They must also have a sub-vendor budget for each SOW.
- The LBHA/CSA shall conduct, as needed, on-site visits using a monitoring tool to assess for compliance with the BHA Conditions of Award. If areas of non-compliance are identified, the Grantee shall notify the BHA contract monitor and the sub-vendor of the non-compliance, require the sub-vendor submit a corrective action plan (CAP), the Grantee shall monitor the corrective action plan progress, and the Grantee shall submit the completed monitoring report to the BHA Contract Monitor.
- *Failure to comply with these Conditions of Award may result in the following, including but not limited to: loss of award, future audit exceptions, dis-allowance of expenditures, award reductions, and/or delay in payment of award funds, until such time that areas of non-compliance are corrected.*

SECTION 6. BUDGET

The 4542 or 432 must be completed along with a sub-vendor budget in the table below. The table below aligns with Worksheet #3. Please include details for each budget line item.

MDH Object Code	Project/Service Breakdown	Total FY 26 Budget	NOTES/DETAILS
0111	Salaries		E.g., 1 FTE clinician - $---; .5 Peer - $---.
0121	FICA		
0131	Retirement		
0141	Health/Life Insurance		
0171	Overtime Earnings		
0201	Consultants		
0280	Special Payments Payroll		
0291	FICA		

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MDH Object Code	Project/Service Breakdown	Total FY 26 Budget	NOTES/DETAILS
0301	Postage		
0304	Cellular Telephone		
0405	In State Travel		
0415	Training		
0801	Advertising		
0803	Client Transportation		
0827	Educational Training		
0838	Software		
0860	Laboratory Services		
0873	Printing		
0877	Security Services		
0881	Purchase of Care	4,000	*Transitional support items/costs, transportation assistance, pharmacy assistance, vital documents, medical services, language interpretation services*
0896	Human Service Contracts		
0924	Food		
0957	Medical Supplies		
0965	Office Supplies		
0986	Special Services Supplies		
1060	Personal Computer Equipment - Replace		
	Total Direct Costs	**$ -**	
0856	Indirect Cost (10% of total award)	0	*Specify if indirect cost is taken by LBHA/CSA or provider or a combination; if a combination, what % to each*
	Total Costs	**$ 4,000**	

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CONDITIONS OF AWARD

Definitions

1. **Award Letter** - the letter from BHA to the principal Award Recipient specifying the value and tenure of the grant that has been awarded.
2. **Award Recipient** - An entity or jurisdiction to which an award has been made by BHA and has assumed responsibility for the overall administration and management of the awarded funds.
3. **Award Period** - the period of the Award as set forth in the Award Letter
4. **BHA** – Behavioral Health Administration.
5. **Report** – A written record submitted to BHA, in the form and manner prescribed, on which the Award Recipient reports on the activities undertaken during a specified timeframe (i.e., monthly, quarterly etc.).
6. **Universal Reporting Form (URF)** - is a BHA form used to capture data, performance measures and expenditures on a quarterly basis and is required of programs who received funding through BHA.
7. **Statement of Work (SOW)** - A SOW is a formal document that provides direction and details to the vendor or contractor about how the work should be performed, under what conditions, timeframes for accomplishment, frequency, and outcomes/outputs. (Unless otherwise noted, BHA-required SOWs shall generally be Performance-Based in nature.)
8. **Medicare "donut hole" -** A gap in Medicare Part D prescription drug coverage in which the Medicare beneficiary is responsible for paying for 25% of the cost of covered prescription drugs, once the total covered prescription drug costs, what the individual and their insurance plan have collectively paid, has reached the initial coverage limit ($4,430 for 2022) and continuing until the out of pocket threshold ($7,050 for 2021), has been reached. For brand name drugs, 95% of the total cost of the covered prescription drug counts towards the out of pocket threshold, while for generic prescription drugs, only the individual's contribution counts towards the out-of-pocket threshold.

These **Conditions of Award (COA)** set out the standard conditions and terms for all BHA awards and will be applied to the Programs/Initiatives outlined in the Award Letter and related, approved budget(s) for each jurisdiction/organization.

Expenditures and reporting shall be in accordance with the Human Services Agreements Manual, Public Behavioral Health Systems Manager Manual, and BHA FY26 planning and fiscal guidelines.

All vendors and sub-vendors rendering services under this award shall comply with all applicable federal, state, and local ordinances, laws, regulations; BHA guidance; Medicaid or Departmental transmittals, guidelines, orders, Administrative Services Organization (ASO) Provider Alerts, and Provider Manual instructions governing these programs. This includes any and all program or service descriptions, specific staffing requirements, and associated staff credentials as they relate to the Public Behavioral Health System or Medicaid services in general and to the programs and services funded under this award in particular.

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Funds may be not used to substitute or supplant federally funded projects or grants unless acknowledged and approved in the Federal Notice of Award.

Any funds used to supplement existing projects must be clearly identified and reflected in the Statement of Work as a supplement to existing budgets.

Funds shall not be used to support, in whole or part, services that are otherwise reimbursable with state or federal funds through the PBHS Fee-for-Service (FFS) or Maryland Medicaid. Any vendor or sub-vendor shall actively seek reimbursement for such services from the PBHS, Maryland Medicaid, or other state and local funding authorities, as applicable, and may not duplicate or supplant existing funded services or programs with grant funds from this award.

Any program income must be used for the purposes and under the conditions of this award.

Funds appropriated to support any Programs/Initiatives covered under this Condition of Award must have a specific Statement of Work that easily identifies line items in the approved budget. This includes noting the position(s), services and/or miscellaneous line items being funded and providing a detailed timeline of when certain benchmarks will be met.

Recipients of federal funding must be aware of and follow all federal grant requirements and federal guidance as outlined below, whether specifically incorporated or not.

Unless specifically authorized by BHA, no state or federal funds of any kind may be used in support of any lobbyist or lobbying activities**.**

Statement of Work and Sub-Vendors
In addition to the COA, each grant award document contains a **Statement of Work (SOW)**, which details the goals/objectives, method of delivery of such programs/services, expected outcomes/outputs/performance benchmarks, and timeframes for performance. These programmatic details are designed to ensure that Award Recipients comply with any regulatory, statutory, or local requirements. Additionally, project specific terms and conditions may be amended and/or added to an Award at any time during the award period, to address budgetary or program compliance issues as needed.

The Award Recipient must ensure that it, along with other agencies, consultants and vendors supported by the Award, are made aware of their responsibilities and comply with these Conditions of Award as applicable. Failure to comply with the terms and conditions may lead to possible delays in funding, suspension, reduction and or termination of an Award. Further, BHA reserves the right to recover partial or full award amounts as deemed necessary and with supporting justification.

The Award Recipient shall ensure their vendors work to actively address health disparities, gaps in care and gaps in equity among the providers selected. Award Recipients and their vendors must ensure they are rendering services that are culturally and linguistically competent and appropriate.

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Revisions

BHA reserves the right to revise the Conditions of Award at any time, by providing thirty (30) days written notice to the Award Recipient.

All requests for programmatic and budgetary changes (for the Award Recipient and/or for the sub-vendor) shall be submitted in writing to BHA at mdrn.info@maryland.gov for approval before implementation.

Reductions or Cancellations
MDH may adjust or cancel your award(s) at any time during the year based on available funding. In the event of an adjustment or cancellation, MDH will provide at least 60 days notice of the change in funding availability.

Program/Initiative and Award-Specific Requirements - MDRN
The Local Behavioral Health Authority (LBHA)/Local Addiction Authority (LAA) shall directly administer and disburse the MDRN Substance Use Disorder (SUD) Client Support Services funds in accordance with the provisions below and may not contract with a sub-vendor for the administration and disbursement of these funds. The purpose of these funds is to enable an individual to access or retain community-based behavioral health services and shall be linked to the client's clinical and/or recovery support plan goals. It is the intent of BHA that MDRN SUD Client Support Services funds be utilized as funding of last resort for the purchase of emergency goods and the provision of time-limited services. MDRN SUD client support services, by definition, do not include recovery housing services which are authorized and reimbursed separately through the Administrative Services Organization (ASO).

General Conditions for the Use of Funds:

1. Individuals being referred to MDRN SUD Client Support Services shall be connected to State Care Coordination (SCC). For individuals currently not enrolled in SCC, the MDRN-approved recovery residence shall submit a referral to the SCC entity coincident with the request to the BHA/LAA for approval of MDRN. The individual shall meet all SCC and MDRN eligibility requirements for the full duration of the individual's eligibility for MDRN services.
2. Individuals must be actively engaged in a Fee-for-Service (FFS) Public Behavioral Health System (PBHS) funded outpatient treatment service, other than MDRN recovery housing services, in order to be eligible or retain eligibility for MDRN SUD Client Support Services. The State Care Coordinator must secure signed, written documentation from the treating clinician stating that the individual is actively engaged in Substance Use Disorder (SUD)-related treatment services for the full duration of the individual's eligibility with MDRN. Documentation must remain on file for five (5) years with the State Care Coordination entity and be readily available for review and inspection at any time. If at any point the individual is no longer actively engaged in treatment services, the State Care Coordinator shall immediately notify the BHA Regional Area Coordinator (RAC).
3. The purpose of MDRN SUD Client Support Services funds is to enable an individual to access or retain community-based behavioral health services and shall be linked to the individual's clinical treatment and/or recovery support plan goals. Any requests for MDRN funding must demonstrate the relationship between the requested MDRN service or support and the individual's identified clinical treatment or recovery goal. BHA, at its discretion, may request a copy of the individual's recovery or treatment plan.

MDRN is to be utilized as a funding of last resort, after all other community, private, individual, or family resources have been exhausted. The LBHA or LAA must use an assessment form to document the availability of other resources in the community, which resources were pursued, and the outcome of those pursuits. At a minimum, three alternative resources must be consulted. If the request is to purchase items to meet a recurrent or ongoing need(s), the request must include a sustainability plan that details how such needs will be met in the absence of MDRN funding. If the request is to purchase items to meet a recurrent or ongoing need(s), the request must include a sustainability plan that details how such needs will be met in the absence of MDRN funding.

4. Reimbursement shall be for only approved actual costs of goods or services.
5. The LBHA/LAA shall reimburse MDRN approved care coordination providers for approved, actual costs for MDRN client support service(s) provided on behalf of MDRN eligible individuals upon receipt of a request, verification of need, and documentation to substantiate the expenditure incurred or the service provided, including but not limited to original, itemized receipts and service documentation, as applicable.
6. Allowable costs are governed by the Human Services Agreements Manual or Local Health Department Funding System Manual.
7. The use of MDRN SUD Client Support Funds may not exceed $1,000 per client without prior written approval by the BHA's Director of Recovery Support Services, Offices of Evidence Based Practices and Recovery Supports, Treatment and Recovery Services Division or their designee unless the expenditure is for a life and/or safety issue, in which case the LBHA/LAA Director may approve the expenditure and subsequently notify by email the Director or Assistant Director, Clinical Services Division as soon as feasible. The cumulative $1,000 per client per fiscal year threshold merely represents the upper limit of approval authority for the LBHA/LAA for any individual in a fiscal year without further written BHA approval; it does not represent an annual funding amount to which an MDRN-eligible client is entitled to receive.
8. Funding requests that do not exceed $1,000 and include an item not listed explicitly as an eligible expenditure requires prior written approval by the BHA's Offices of Evidence Based Practices and Recovery Supports, Treatment and Recovery Services Division or their designee.
9. The LBHA/LAA shall submit a quarterly report to the Director of Recovery Supports at mdrn.info@maryland.gov on the following: number of individuals referred, number of individuals served, total cost of goods and services by category, itemized list of tangible items purchased.

Eligible Use of Funds

Pharmacy

1. Funds shall be used for MDRN clients who are not Medical Assistance (MA) or MCHIPS beneficiaries and who receive a prescription for a medication related to the treatment of a behavioral health disorder or a medication which supports the administration of a medication related to a behavioral health disorder, from a prescriber who is licensed by the Maryland Board of Physicians or the Maryland Board of Nursing and legally authorized to prescribe the medication.
2. Funds shall be used as a last resort after exhausting other alternatives such as:

a. Physician samples
b. Pharmaceutical companies' indigent medicine program
c. Med Bank; and
d. Charity organizations

3. An MCHIPS, and/or a Medical Assistance Application shall be completed and submitted for each individual receiving medications paid for by these funds.
4. Documentation must be retained on the following: number of prescriptions, number of individuals served and cost of the prescription.
5. Funds shall only be used after Medicare Part D coverage is exhausted and not for the Medicare "donut hole."
6. Funds shall only be used for approved, actual medication costs.

Transportation

1. Funds may be used, on a time-limited basis, for transportation costs for MDRN clients to access Fee for Service (FFS) Public Behavioral Health System (PBHS) SUD treatment services when MA does not pay for the transportation, and a sustainability plan exists for how transportation will be provided when MDRN funds are no longer available. If the individual requires transportation to access SUD treatment services, the LBHA/LAA must retain documentation from the Local Health Department (LHD) that Medicaid (MA) funded transportation is unavailable and the reason for the unavailability of such transportation. If the individual is clearly not eligible for Medicaid transportation, then the SCC shall document the reason that the individual is not eligible for the service.
2. Transportation requests must clearly indicate the purpose for which transportation is being requested, the type of transportation funding requested (e.g., tokens, passes or vouchers); the transportation provider (e.g., public transportation: bus, subway, light rail; taxicab; ride sharing), whether transportation is being requested to assist the individual in accessing SUD treatment services and, if not, how the individual will access such treatment. Transportation funds may be used on a time-limited basis for MDRN clients to access competitive employment when a sustainability plan exists for how transportation will be provided when MDRN funds are no longer available.
3. Funds may only be used to support transportation costs from a licensed or registered transportation network provider for MDRN clients who are in service with BHA-licensed SUD treatment providers. Written documentation from the treating clinician stating that the individual is actively engaged in Substance Use Disorder (SUD)-related treatment services is required at the time of initial request. The LAA/LBHA shall retain ongoing documentation that the MDRN client is receiving treatment from a licensed PBHS SUD Treatment provider in order for the individual to retain eligibility for tokens, passes, or vouchers.
4. The LBHA/LAA shall only reimburse invoices that contain an itemized receipt of purchase and a signed and dated statement by the individual of receipt of the transportation tokens, passes, or vouchers.
5. Documentation must be retained on the following: number of individuals served, the cost of the transportation, and the type of transportation assistance provided.

6. Funds shall only be used for approved, actual transportation costs.

Vital Documents

1. Funds may be used to purchase state identification cards and birth certificates for individuals receiving SUD treatment services in the FFS PBHS.
2. Vital Document requests must identify the type of vital document(s) (e.g., birth certificate, state identification card) needed and how such document(s) will be obtained. Documentation must be retained on the following: first and last name and the date of birth of each individual receiving a birth certificate and/or state identification card and the actual cost of the document.
3. The LBHA/LAA shall only reimburse invoices that contain an itemized receipt of purchase and a signed and dated statement by the individual of receipt of the vital document(s).
4. Vital Document requests must identify the type of vital document(s) (e.g., birth certificate, state identification card) needed and how such document(s) will be obtained. Documentation must be retained on the following: first and last name and the date of birth of the individuals receiving a birth certificate and/or state identification card and the actual cost of the document.
5. Documentation must be retained on the following: number of individuals served, the cost of the vital documents, and the type of vital documents assistance provided.
6. Funds shall only be used for approved, actual vital document costs.

Transitional Support Needs

1. Transitional Support Needs Requests must be for specific items and not broad categories of items. Each item to be purchased must be specifically and separately described within the request.
2. The LBHA/LAA shall only reimburse invoices that contain an itemized receipt of purchase and a signed and dated statement by the individual of receipt of the item(s).Only those specific items for which approval has been requested in advance shall be reimbursed. If a certain item has not been explicitly identified and pre-approved, the LBHA/CSA shall not remit payment for that item.
3. Funds may be used for the following allowable emergency or one-time only permanent housing costs (not for a recovery residence) in order to alleviate a need that is presenting a barrier to the MDRN client's recovery:
    a. Security deposit and first month's rent for permanent housing (not for a recovery residence);
    b. Utility turn on charges, or deposit for permanent housing (**not for a recovery residence**);
    c. Basic household goods to establish a permanent housing residence (not for a recovery residence);
    d. Past due utility, rent, or mortgage when payment enables the client to remain in permanent housing, when a plan for continuing payment by the client is feasible (not for a recovery residence).
4. Emergency or one-time only clothing or personal hygiene item costs.
5. Educational or employment expenses only in connection with the individual's approved individual supported employment, treatment, or recovery plan when the item is not otherwise eligible for coverage from the Division of Rehabilitation Services (DORS) or a related state or federal program.
6. Documentation must be retained on the following: number of individuals served, the cost of the transitional support and the type of transitional service provided.
7. Funds shall only be used for approved, actual transitional support needs costs.

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Medical Services

1. Funds may be used for dental services, for which no other resources exist.
2. Funds may be used for medical services, for which no other resources exist, such as eyeglasses and durable medical equipment.
3. Medical services requests must indicate the type of service (medical, dental) or equipment requested (e.g, durable medical equipment, eyeglasses), a completed copy of the PBHS uninsured eligibility form; a copy of a completed Medicaid or Health Insurance Exchange application and documentation of submission.
4. Documentation must be retained on the following: number of individuals served, the cost of the transitional support and the type of transitional assistance provided.
5. Funds shall only be used for approved, actual medical services and equipment costs

Language Interpretive Services

1. The cost of language interpretive services is the primary responsibility and legal obligation of the service provider; however, under extenuating circumstances, funds may be used for reimbursement of foreign language or deaf and hard of hearing interpretative services for the individual to access or retain community-based substance use disorder services.
2. Requests for interpretative services must clearly indicate the purpose for which the interpretation service is being requested, the type of interpretation being requested (e.g., language – be specific); the provider
   (including type of service for which interpretation is being requested), the extenuating circumstances warranting approval for the use of the use limited state funds, and whether interpretation is being requested to assist the individual in accessing substance use disorder services and, if not, how the individual will access such treatment;
3. Funds may only be used to support the costs of interpretive services from an interpreter who:
   a. Adheres to generally accepted interpreter ethics and principles,including client confidentiality
   b. Has demonstrated proficiency in speaking and understanding spoken English and the spoken language in need of interpretation; and
   c. Is able to interpret effectively, accurately, and impartially, both receptively and expressively to and from such language(s) and English, using any necessary specialized vocabulary,terminology, and phraseology
4. If remote audio interpreting services are required, the remote interpreting service shall provide: (a.) Real-time, audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality audio without lags or irregular pauses in communication; (b.) A clear, audible transmission of voices; and (c) Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the remote interpreting services.
5. The sub-vendor shall not require an individual with limited English Proficiency (LEP) to provide his or her own interpreter or rely on an adult accompanying an individual with LEP to interpret or facilitate communication, except (a.) In an emergency involving an imminent threat to the safety or welfare of an individual or the public, where there is no qualified interpreter for the individual with LEP immediately available; or (b.) Where the individual with LEP specifically requests that the accompanying adult

interpret or facilitate communication, the accompanying adult agrees to provide such assistance, and reliance on that adult for such assistance is appropriate under the circumstances;

6. The sub-vendor shall not rely on a minor child to interpret or facilitate communication, except in an emergency involving an imminent threat to the safety or welfare of an individual or the public, where there is no qualified interpreter for the individual with LEP immediately available.
7. The sub-vendor shall not rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with LEP;
8. Any subvendor receiving funds under this grant shall take appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with others in such programs or activities, in accordance with the standards found at 28 CFR 35.160 through 35.164.
9. Documentation must be retained on the following: demonstrated proficiency of the interpreters used; number of clients served by type of substance use disorder services service for which interpretative services are provided and by language of interpretation; hours of interpretive services provided by type of substance use service for which interpretative services are provided and by language of interpretation; and cost of the interpretative services provided.
10. Funds shall only be used for approved, actual, interpretative service costs.

Ineligible Use of Funds

1. Goods and services for the use of employees, consultants, contractors, or staff of the LAA/LBHA or affiliated entity or for any friends or family members of employees, consultants, contractors, or staff of the LAA/LBHA or affiliated entity.
2. Cell phones, cell phone services, and associated fees and charges.
3. Passports
4. Furniture, furnishings, and supplies for the operation of a recovery residence.
5. Communal supplies for the operation of recovery residence, including but not limited to toilet paper, cleaning and household supplies, bedding, towels, cutlery, cooking utensils, and appliances.
6. Services that are directly or indirectly provided by MDRN approved providers.
7. Recovery residence operating expenses.
8. Recovery residence application fees, security deposits, move-in fees, or any other fees charges, or rent for a recovery residence.
9. Services or equipment that is reimbursable by the PBHS or other payer.
10. Co-pays for services reimbursable by the PBHS.
11. Clients' personal, family members', or friends' vehicle repairs, emissions tests, registration fees, transfer taxes, titling fees, insurance premiums, monthly payments or down payments.
12. Gasoline, including mileage reimbursement, for use in a client's personal, family members' or friends' vehicle.
13. Gym or health club memberships (unless prescribed by the treating physician).
14. Legal fees, fines, or debts.
15. Any other good or service not specified above for which BHA has not approved in writing.

Maryland Department of Health
Behavioral Health Administration

APPROVAL/AGREEMENT

The ~~Allegany Co. Health Department~~("Jurisdiction"), Allegany County Local Behavioral Health Authority including the program/initiative lead, has read and understands the requirements of this Statement of Work (SOW) and agrees to provide the stated services as described above within the Award Period. The Jurisdiction has read and understands the total budget and understands that the Jurisdiction shall not exceed the total budget and individual SOW budgets listed in the Award Information tables. The individual signing on behalf of the Jurisdiction affirms that they have authority to sign on behalf of the Jurisdiction.

Signed by:
Gena M. Spear
3DEB3B7B498A4D0...

6/13/2025

Signature of Awardee Recipient Representative **Date**

Gena Spear

Name of Awardee Recipient Representative

Signed by:
Patricia Konyeaso
6866C424016A4DD...

6/12/2025

Signature of BHA Representative **Date**

Patricia Konyeaso

Name of BHA Representative