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AWARD INFORMATION

Award Recipient	Allegany County LBHA
Program/Initiative	State Care Coordination (SCC)
Award Name	5. Federal Fund Block Grant Substance Use Services
BHA Award Number	AS212FED
Total Award Amount	$37,400
BHA Program Cost Allocation (PCA) Code	M2735
F# (LBHA/LAA)	F846N
BHA Division & Office	17. Treatment & Recovery - Treatment Services
Health Factor Click on "Health Factor" link for more information	Health BehaviorsClinical Care AccessSocial & Economic FactorsPhysical Environments
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 LBHA Main Email: achd.bhso@maryland.gov
BHA Program/Initiative Contact Person & Email Address	Hannah Pellissier hannah.pellissier@maryland.gov

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SECTION 1. PROGRAM/INITIATIVE SUMMARY

The State Care Coordination (SCC) program is a recovery support service that promotes the continuum of care by helping adults and older adults across Maryland who are in varying stages of recovery from a Substance Use Disorder (SUD) or co-occurring Substance Use and Mental Health Disorder (SUD/MH), transition back into the community from an American Society of Addiction Medicine (ASAM) residential or outpatient level of care (1, 2.1, 2.5-partial hospitalization program (PHP), 3.1, 3.3, 3.5, 3.7, 3.7wm - withdrawal management), incarceration, or homelessness.

The State Care Coordinators improve recovery outcomes by providing short-term case management services that support participants' access to recovery support services. The SCC will screen individuals for eligibility to access Maryland Recovery Net (MDRN) client support and recovery housing services, facilitate referrals to a higher level of care for behavioral health treatment if needed, as well as to other community resources such as entitlements, employment and legal services, conduct outreach to the behavioral health and recovery support community within the jurisdiction, and collaborate closely with other State Care Coordinators across the state to assist with “warm-hand off’s” if a participant is referred to another jurisdiction.

Funding through this grant will support staff salary and fringe for positions directly providing services and activities for the State Care Coordination program, to include:

1. (1) 0.5 PTE State Care Coordinator

The services provided will serve **55** individuals in the FY’26 state fiscal year.

SECTION 2. ACTIVITIES/SERVICES

Activity/Service 1
Screening
Screen individuals at intake to determine eligibility for the State Care Coordination (SCC) and Maryland Recovery Network (MDRN) programs.

Activity/Service 2
Care Coordination/Management

a. Improve recovery outcomes for adults and older adults enrolled in the SCC program by providing case management for individuals being referred to the community for entitlements and/or to behavioral health treatment and recovery support services or the duration of enrollment in the program.

b. Using an electronic or approved paper system, document and update participants' program engagement activity to coordinate care across multiple providers.

c. Discharge participants on a prescribed cadence, i.e., upon completion of the program, critical incident

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report, if referred back to an ASAM residential or outpatient level of care (1, 2.1, 2.5, 3.1, 3.3, 3.5, 3.7, 3.7wm), warm handoff, 30 days of no contact, or participant becomes less amenable to engagement in the program.

Activity/Service 3
Referral
Facilitate referrals to a higher level of care for behavioral health treatment if needed as well as to other community resources and recovery supports.

Activity/Service 4
Outreach
Conduct on a prescribed cadence, local outreach efforts to community behavioral health providers and other referral sources to engage and educate potential program participants and providers about the SCC program.

Activity/Service 5
Treatment Plan
Work collaboratively with enrolled participants to establish an individualized care plan (ICP)/individualized recovery plan (IRP) that details their plan for recovery while engaged in the SCC program.

SECTION 3. PERFORMANCE MEASURES AND BENCHMARKS

General Performance Measures

Performance Measure	Benchmark for Award Period
# screenings completed - individuals	55 = # of new/unduplicated individuals screened during the award period
# individuals served - adults	55 = # of new/unduplicated/duplicated individuals enrolled during the award period
# of individuals provided case management	100% = # of new/unduplicated/duplicated individuals provided case management during the award period
# individuals referrals/referred	100% = # of individuals referred for

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Performance Measure	**Benchmark for Award Period**
	community services and support during the award period; based upon individual choice and amenability
# of outreach activities	1x quarterly outreach; 4x during the award period
Activity/Service 1 Screening	
Performance Measure	**Benchmark for Award Period**
1. Screen and enroll new/unduplicated individuals into the SCC program	55 = # of new/unduplicated individuals screened during the award period
2. Screen and refer new/unduplicated/duplicated individuals to the MDRN program	TBD = referrals to MDRN consumer support determined and based upon an individual's personal choice, amenability, and eligibility to enroll in MDRN services
3. Screen and refer new/unduplicated/duplicated individuals to the MDRN program who have been determined eligible for Recovery Housing services	TBD = referrals to MDRN consumer support determined and based upon an individual's personal choice, amenability, and eligibility to enroll in MDRN services
Activity/Service 2 Care Coordination/Management	
Performance Measure	**Benchmark for Award Period**
1. Facilitate a minimum of 2x monthly face-to-face or telephone engagement with enrolled participants to review ICP/IRP goals and objectives	55 = # of enrolled participants OR 100% of individuals enrolled in the program during the award period
2. Administer a Satisfaction Survey for individuals	55 = # program participants OR 100%

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Performance Measure	Benchmark for Award Period
enrolled in the SCC program every 6 months and at discharge	of individuals enrolled in the program during the fiscal year
3. Document individuals who have successfully completed/discharged from the SCC program	# of individuals TBD/discharges tracked on a monthly basis
4. Track new/unduplicated/duplicated individuals referred to an ASAM Level of Care (1, 2.1, 2.5, 3.1, 3.3, 3.5, 3.7, 3.7wm)	# of individuals TBD/referrals tracked on a monthly basis
5. Track individuals who have left the program after 30 days of no contact	# of individuals TBD/discharges tracked on a monthly basis
6. Track individuals discharged from the SCC program due to no longer being amenable to participate in the program	# of individuals TBD/discharges tracked on a monthly basis
7. Track individuals discharged from the SCC program due to a Critical Incident Report (CIR).	# of individuals TBD/CIRs tracked/submitted as they occur
8. Report and submit Critical Incident Reports (CIR) (*as defined in COMAR 10.63.01.02*)	# of individuals TBD/CIRs tracked/submitted as they are reported
Activity/Service 3 Referral	
Performance Measure	**Benchmark for Award Period**
1. Track individuals and the jurisdiction they are referred **TO** as a "warm hand-off	# of individuals TBD/warm hand-off referrals tracked as needed
2. Track individuals and the jurisdiction they are referred **FROM** as a "warm hand-off"	# of individuals TBD/warm hand-off referrals tracked as needed
3. Track referrals **FROM** an ASAM level of care into SCC	# of individuals TBD/referrals from an ASAM LOC tracked as needed
4. Track referrals **FROM** other SCC access points	# of individuals TBD/referrals from other

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Performance Measure	**Benchmark for Award Period**
identified by the jurisdiction *(jail/detention center, homeless shelter, etc.)*	access points tracked on a monthly basis
5. Track referrals to community resources *(ex: legal services, self-help groups, trauma-informed care, somatic care, mental health services, peer support services, medication-assisted treatment/opioid treatment providers, etc.)*	# of individuals TBD/referrals as needed,-referrals to community resources tracked on a monthly basis
Activity/Service 4 Outreach	
Performance Measure	**Benchmark for Award Period**
1. Conduct community outreach to behavioral health providers and other community recovery supports 1x quarterly	4x = # of outreach activities conducted during the award period;1x quarterly
2. Participate in all MDH/BHA scheduled/unscheduled meetings and site visits	12 = # of SCC/MDRN Monthly Workgroup Meetings during the award period 4 = # of SCC/MDRN Quarterly Forum Meetings during the award period
Activity/Service 5 Treatment Plan	
Performance Measure	**Benchmark for Award Period**
1. Collaboratively establish an ICP/IRP for individuals enrolled in SCC/MDRN	55 = # of enrolled participants OR 100% of individuals enrolled in the program during the award period

SECTION 4. REPORTING

Program/initiative data must be submitted monthly by the 30th of each 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 to **Hannah Pellissier via email at scc.info@maryland.gov.**BHA

reserves the right to change the reporting frequency and format and will notify LBHAs/CSAs no later than 60 days before the close of the quarter for the subsequent reporting period. 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.

SECTION 5. OVERSIGHT AND MONITORING

- The Behavioral Health Administration will provide technical assistance (TA), 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 grantee and sub-vendor will ensure the confidentiality of individual information, including but not limited to Protected Health Information (Health Insurance Portability and Accountability Act-HIPAA) as set forth in applicable state and federal regulations. Confidentiality of personal information is an ethical obligation for providers and a legal right for every individual.

- The LBHA/CSA/LAA shall conduct, as needed, on-site visits using a monitoring tool to assess 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 to submit a corrective action plan (CAP) or performance improvement plan (PIP), and the Grantee shall monitor the CAP/PIP progress. The Grantee shall submit the completed monitoring report to the BHA Contract Monitor.

- The Local Jurisdiction shall ensure that all sub-vendors(s), if applicable maintain all relevant licenses, certifications, and accreditation status as required by federal, state, and local laws and statutes, and regulations governing the provision of residential and community treatment (SUD, MH), and recovery support services to include recovery housing.

- Failure to comply with these Conditions of Award may result in the following, including but not limited to: loss of award, future audit exceptions, disallowance 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 *(For completion by the Local Jurisdiction)*

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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. If the sub-vendor budget changes during the year, the Award Recipient is required to submit the updated sub-vendor budget to the BHA contract monitor. The SOW does not need to be updated to reflect the revised sub-vendor budget.

MDH Object Code	Project/Service Breakdown	Total FY 26 Budget	NOTES/DETAILS
0111	Salaries	$20,964	*1 - 0.5 FTE CHOW III*
0121	FICA	$1,545	
0131	Retirement	$4,490	
0141	Health/Life Insurance	$8,146	
0171	Overtime Earnings		
0201	Consultants		
0280	Special Payments Payroll		
0291	FICA		
0301	Postage		
0304	Cellular Telephone		
0405	In State Travel		
0415	Training		
0801	Advertising		
0803	Client Transportation		
0827	Educational Training		
0834	Photocopy Rental	$500	Photocopier maintenance fees and supplies
0882	Client Activities	$1,255	Personal Care items for clients (shampoo, deodorant, socks, soap).
0873	Printing		
0877	Security Services		
0881	Purchase of Care		*Include details on what is being purchased*
0896	Human Service Contracts		

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MDH Object Code	Project/Service Breakdown	Total FY 26 Budget	NOTES/DETAILS
0924	Food		
0957	Medical Supplies		
0965	Office Supplies	$500	Office supplies for work (paper, pens, notebooks, etc)
0986	Special Services Supplies		
1060	Personal Computer Equipment - Replace		
	Total Direct Costs	**$ -**	
0856	Indirect Cost (10% of total award)		
	Total Costs	**$37,400**	

CONDITIONS OF AWARD

Program Service/Description:

The **Allegany County LBHA** shall provide or contract for the provision of the State Care Coordination (SCC) services listed below. The Local Authority shall maintain local policies and procedures for the administration and prioritization of the funds, approved by the Board of Directors, if applicabl,e or its governmental oversight authority, and available for review by MDH/BHA.

Eligible Use of Funds:

Services provided will serve a projected **(55)** adults and older adults and are only utilized specifically to cover staff salary, fringe, programmatic activities, and operating costs relevant to providing State Care Coordination services. Funding through this grant will support State Care Coordination (SCC) staff salary and fringe for:

1. (1) 0.5 PTE State Care Coordinator;

These funds are reserved exclusively for activities and support related to the population as outlined in this contract and shall not be used for any other purpose. It is the intent of the BHA that these funds are limited to use for members of the Public Behavioral Health System (PBHS) receiving substance use disorder (SUD), mental health (MH) disorder, or co-occurring SUD and MH disorder treatment and/or services and supports. 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.

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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

Ineligible Use of Funds:
Grant funds **may not** be used for the following:

1. Treatment services that are reimbursable by Medicaid;

2. The funding of programs that would deny a patient access to their program, because of their use of any of the Food and Drug Administration (FDA) approved Medication Assisted Treatment (MAT) medications;

3. Payment for promotional items, including but not limited to clothing or commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags, unless otherwise specified in the program deliverables as a part of the provision of services to the designated population;

4. These funds may not be used for cash payments directly to consumers.

5. The purchase or construction of any building or structure to house any part of the program;

6. Direct payments to individuals to enter treatment or the continuation of participation in prevention or treatment services; *or*

7. No portion of the SCC award may be used for Maryland Recovery Net (MDRN) client/consumer support services or to cover MDRN recovery housing costs.

8. Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application, where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.

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Funds may not be 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.

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

Reporting Requirements:
Reports are submitted monthly. Submission of a monthly report provided by the BHA shall be submitted to the BHA Program Manager 30 days immediately following the end of the reporting month.

SFY'26 Monthly Reporting Due Dates:

Reporting Month	Report Due Date
July 2025	08/31/2025
August 2025	09/30/2025
September 2025	10/31/2025
October 2025	11/30/2025
November 2025	12/31/2025
December 2025	01/31/2026
January 2026	02/28/2026
February 2026	03/31/2026
March 2026	04/30/2026
April 2026	05/31/2026
May 2026	06/30/2026
June 2026	07/31/2026

All Behavioral Health Providers licensed under COMAR 10.63 are expected to comply with existing requirements to complete and submit a Critical Incident Report to the Behavioral Health Administration (BHA) at critical.incident@maryland.gov within five (5) calendar days of a reportable incident. A copy of the report will be forwarded to the appropriate local designated authorities (LDA). You may find the link to the BHA CIR here: https://www.cognitoforms.com/MDH3/BHACOMAR1063CriticalIncidentReportForm

This form must be completed in full for all critical incidents (as defined in COMAR 10.63.01.02 (19). Additionally, the form is required for overdoses, whether resulting in death or not. Special instructions exist for

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the following: **UNEXPECTED EVACUATION OF A BUILDING:** In the event of unexpected evacuation of a building under circumstances that threaten the life, health, or safety of participants, complete only Sections I, II, V, VI of the form. Failure to appropriately report Critical Incidents will be viewed as a violation of this agreement and may be grounds for termination of the award.

RESIDENTIAL REHABILITATION PROGRAMS, RESIDENTIAL CRISIS PROGRAMS, AND GROUP HOMES: If the critical incident being reported is a participant's death, it will be forwarded to the state's Protection & Advocacy program as required by law, and a separate form does not need to be completed.

General Requirements:

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. The sub-vendor/provider must cooperate with MDH/BHA requests related to participating in the state care traffic control/bed registry and referral system and must participate in the system once it is operational. 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.

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.

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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.

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 **scc.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.

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. **Corrective Action Plan (CAP) -** a step-by-step plan of action that is developed to achieve targeted outcomes for the resolution of identified errors in an effort to develop and implement a plan of action to improve processes or methods so that outcomes are more effective and efficient, achieve measurable improvement in the highest priority areas, and eliminate repeated deficient practices.

6. **Cultural and Linguistic Competency -** a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

7. **Individualized Care Plan (ICP) -** is developed with the individual, their natural supports, and service providers to produce a Person-Centered Recovery Plan to be followed while engaged in substance use-related recovery supports and services.

8. **Maryland Recovery Network (MDRN) -** A partnership with State Care Coordination entities and certified recovery residences statewide to facilitate time-limited access to certified recovery residences

for individuals in recovery with substance-related or/co-occurring mental health and substance-related disorders, and for whom no other individual, community, family, private or public resource exists to defray the cost of the recovery residence stay. MDRN funding supplements, but does not replace or supplant, existing services and funding streams. MDRN-eligible individuals may access client support services funding through the Local Behavioral Health Authority (LBHA) or Local Addiction Authority (LAA) for short-term or emergency goods and services to alleviate a need that presents a barrier to the individual's recovery.

9. **Performance Improvement Plan (PIP) -** The Performance Improvement Plan plays an integral role in correcting performance discrepancies. It is a tool to monitor and measure deficient work processes in an effort to improve program or service performance.

10. **Public Behavioral Health System (PBHS) -** The system that provides medically necessary behavioral health services to Medicaid beneficiaries and certain other uninsured individuals for whom the State subsidizes the cost of care.

11. **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.).

12. **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.)

APPROVAL/AGREEMENT

The Allegany County Local Behavioral Health Authority including 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 the authority to sign on behalf of the Jurisdiction.

Signed by:
Gena M. Spear
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6/13/2025

Signature of Awardee Recipient Representative **Date**

Gena Spear

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Name of Awardee Recipient Representative

DocuSigned by:
Risa Augustus
A42FA81F2188403...

Signature of BHA Representative

6/12/2025

Date

Risa Augustus

Name of BHA Representative