



# Ohio Department of Mental Health

30 East Broad Street  
Columbus, Ohio 43215-3430

DATE:                    NUMBER:                    ORIGINATOR & TITLE:  
**05/12/2008            C-05-08-03            Deborah Mosley, ACF Grant Manager**

OFFICE:  
**Office of Consumer and Recovery Supports**

APPROVED BY:  
**Debbie Nixon-Hughes, MSW, LISW, Deputy Director: Division of Program and Policy Development**

DISTRIBUTION:  
 BHO's             Boards             Adult Care Facilities     Shareholder Organizations

SUBJECT:  
 Allocations     Certification     Critical Information     Licensure  
 MACSIS         Medicaid         MSPA                     Policy  
 Procedure       Other (specify): **Amendment/Addendum to the FY09 Adult Care Facilities Environmental Improvements Application for Funding and Request for RFP**

TITLE OF CORRESPONDENCE:  
**FY09 Adult Care Facilities (ACF) Environmental Improvements Application for Funding (Application) and Request for RFP (RFP) – Revision of Requirement**

CONTENT:  
**Amendment and Addendum**

According to the FY09 ACF Environmental Improvements Application and RFP, for RFP/competitive awards of more than \$10,000, you were required to execute and record a mortgage in favor of the Ohio Department of Mental Health (ODMH) securing the amount of the funding award for a designated period of time (between three and seven years) during which time the owner assures ODMH that the property will continue to be operated as a licensed ACF serving persons with a severe mental disability.

- **You are now only required to execute and record a mortgage in favor of ODMH as security for your promise to continue to operate the site as a licensed ACF serving persons with SMD if you receive competitive funding of \$25,000 or more. Additionally, the period of the mortgage will be three years rather than seven years.**
- **Because this change is being announced after the initial deadline for submission of RFPs and some ACF site owners may have elected to submit a RFP or a RFP for a greater amount of competitive dollars, but for the mortgage requirement, we are extending the**

**deadline for submission of RFPs only. The deadline for the Operational Subsidy (Applications) did not change and remains 5:00 p.m. on Friday, May 9, 2008. The new deadline for submission of RFPs for competitive funding is 5:00 p.m. on Monday, June 2, 2008. The place and method of submission remains unchanged. If you have already submitted a RFP and wish to change your request for competitive funding because of this change in requirement relating to the mortgage, you must submit a “SUBSTITUTE” RFP, replacing the original submission, within the timeframes and deadlines described below. The adjustments to the time frames for actions relating to the award of competitive funds are included in the revised Timelines and Deadlines chart set forth below:**

| Date           | Action   |
|----------------|--|
| March 25, 2008 | Application and RFP distributed to ACFs and posted on ODMH internet website at: <a href="http://www.mh.state.oh.us/cnsmrrecovery/adult-care-facilities/index.html">http://www.mh.state.oh.us/cnsmrrecovery/adult-care-facilities/index.html</a>                            |
| April 11, 2008 | Questions must be received by Deborah Mosley at ODMH not later than 5:00 p.m. <a href="mailto:mosleyd@mh.state.oh.us">mosleyd@mh.state.oh.us</a>   |
| April 25, 2008 | Questions and answers will be posted on ODMH website by 5:00 p.m.: <a href="http://www.mh.state.oh.us/cnsmrrecovery/adult-care-facilities/index.html">http://www.mh.state.oh.us/cnsmrrecovery/adult-care-facilities/index.html</a>   |
| May 9, 2008    | Applications must be received by Deborah Mosley at ODMH not later than 5:00 p.m. ( <i>see Page 4 of the original FY 09 Adult Care Facilities Environmental Improvements Application for Funding (Application) and Request for Proposal (RFP) for contact information</i> ) |
| June 2, 2008   | RFPs and Substitute RFPs must be received by Deborah Mosley at ODMH no later than 5:00 p.m. (see below for contact information)  |
| June 23, 2008  | Announcement/posting of preliminary RFP award recommendations: <a href="http://www.mh.state.oh.us/cnsmrrecovery/adult-care-facilities/index.html">http://www.mh.state.oh.us/cnsmrrecovery/adult-care-facilities/index.html</a>   |
| July 1, 2008   | Operational subsidies available for disbursement   |
| July 7, 2008   | 5:00 p.m. deadline for ODMH receipt of <b>appeals</b> of preliminary RFP award recommendations   |
| July 21, 2008  | Announcement/posting of final RFP award decisions: <a href="http://www.mh.state.oh.us/cnsmrrecovery/adult-care-facilities/index.html">http://www.mh.state.oh.us/cnsmrrecovery/adult-care-facilities/index.html</a>   |
| August 1, 2008 | Funding available for disbursement of competitive fund awards  |
| June 30, 2009  | Last date for expenditure of funds   |

**REQUIRED ACTION:**

Relating to the RFP/competitive funding, those who wish to substitute a new RFP for one that was previously submitted, and those who wish to submit a RFP (and have not yet already submitted) must submit the RFP not later than 5:00 p.m. on Monday, June 2, 2008. If you are submitting a substitute RFP, please include a cover letter that clearly states that you have previously submitted a RFP, but wish to withdraw the original RFP and substitute the new one for consideration. If a new RFP is submitted, we will not consider the original submission – the substitute RFP must include all of your funding requests. If you have already submitted a RFP and do not wish to change your request for competitive funding, you do not need to do anything more.

**DATES FOR REQUIRED ACTION:**

New deadline for submission of Proposals (RFP/competitive funding), or substitute Proposals is **Monday, June 2, 2008.**

**NAME, TELEPHONE NO., AND EMAIL OF CONTACT PERSON(S):**

Deborah Mosley, ACF Grant Manager  
Ohio Department of Mental Health  
Office of Consumer and Recovery Supports  
Division of Program and Policy Development  
30 East Broad Street, 8<sup>th</sup> Floor  
Columbus, Ohio 43215-3430  
(614) 466-1323 \* Fax (614) 466-1571  
E-mail Address: [mosleyd@mh.state.oh.us](mailto:mosleyd@mh.state.oh.us)  
ACF Web Site: <http://www.mh.state.oh.us/cnsmrrecovery/adult-care-facilities/index.html>

**RFP Proposal for Funding Cover Sheet**  
**Adult Care Facilities (ACF) Environmental Improvements**

Name of ACF Facility site: \_\_\_\_\_

Address of Facility site: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Facility phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Name of ACF Owner/Operator: \_\_\_\_\_

Number of years in operation at this site: \_\_\_\_\_

Local CMH/ADAMHS Board: \_\_\_\_\_

CMH/ADAMHS Board Executive Director: \_\_\_\_\_

Ohio Department of Health (ODH) License Number: \_\_\_\_\_

Number of ODH Licensed Beds at Facility Site: \_\_\_\_\_

Number of SMD residents currently at Facility Site: \_\_\_\_\_

Number of current SMD residents with Care Plan in place: \_\_\_\_\_

Number of SMD residents at Facility Site in past year: \_\_\_\_\_

Percent of residents with SMD in ACF Site during past year: \_\_\_\_\_

Amount of all funds received from ODMH, by or through a CMH/ADAMHS Board, pursuant to the FY 06-07 ACF Demonstration Project and the FY 08 ACF Request for Funds: \_\_\_\_\_

Total amount of funds requested in this proposal: \_\_\_\_\_

ASSURANCES

Relating to those submitting Proposals for **competitive funding through RFP**:

The undersigned, Owner of the \_\_\_\_\_ (ACF) site makes the following assurances:

- Fifty-one percent (51%) or more of the people living in the ACF site last year have a severe mental illness.
- I own the facility site and there is sufficient unencumbered equity in the property to support the mortgage to be granted to ODMH to secure the amount of funds awarded pursuant to this RFP process, if applicable.
- All funds received pursuant to this award will be spent only in accordance with the Proposal submitted, approved and funded by the Ohio Department of Mental Health (ODMH). I acknowledge that ODMH designees may enter upon the site premises to observe the conditions before and/or after expenditure of funds awarded pursuant to the Proposal funded by ODMH.
- I agree to return the full amount of any funds awarded and reimbursed hereunder if, before June 30, 2011 ~~or later date as set forth in the Application and RFP documentation~~, the ACF site loses its ODH license or good standing, ceases operations or ceases to serve residents with SMD at this site.
- I agree to comply with all applicable building and/or zoning codes, and to obtain building permits for work undertaken with these funds when required.
- Funds received pursuant to this award will be spent first on critical items related to health and safety prior to any expenditure(s) on non-critical items or services.
- All items purchased with funds received pursuant to this award will remain in the ACF site.

ACF Operator:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

Print Name: \_\_\_\_\_

State of Ohio

County of \_\_\_\_\_, ss:

On this \_\_\_\_ day of \_\_\_\_\_, 2008, before me, the subscribed, a Notary Public in and for said county, personally came \_\_\_\_\_ and acknowledged the signing of these Assurances and the truth of the statements contained herein. In testimony thereof, I subscribe my name and affix my seal.

\_\_\_\_\_  
Notary Public

For Assurance statement that must be completed by those ACF operators submitting Applications for Operational Subsidies, see previous page. **Note - ACF operators submitting both an Application and a Proposal must sign both Assurance statements.**

Project/Funding Proposal(s):

For each project proposed, on a separate sheet of paper, provide the following information:

- Detailed description of:
  - i) the project, including the extent of the proposed work,
  - ii) the need for the project, including information on the current condition of the facility, and priority of this project relative to any others proposed, and
  - iii) the impact of project on the health and safety of the residents and/or on the energy efficiency of the facility;
- Identify any existing or impending significant health and safety issues at the facility that will not be addressed by any of the proposed projects and explain how or why those issues will be addressed or will not threaten the continued operation and licensure of the facility;
- If the ACF facility is not in good standing with ODH and the proposed project(s) is/are intended to fully address the condition(s) that resulted in the loss of good standing, provide documentation from the contractor(s) confirming that the proposed work will adequately address all of the condition(s) listed in the citation from ODH;
- Estimate of project cost as documented by an independent source (i.e. contractor's estimate);
- For projects for which this proposal requests less than the full cost of the project, include information on how the remaining cost of the project will be paid;
- For projects with an estimated cost that exceeds \$5,000, include copies of estimates received from at least two independent sources.

Also include the following information and/or documentation (submit one set of these documents per proposal):

- Letter from local CMH/ADAMHS Board confirming the number and percentage of persons with SMD who resided in the ACF site over the past year;
- If applicable, letter from local CMH/ADAMHS Board acknowledging that ACF operator has satisfactorily fulfilled all requirements relating to prior grants received pursuant to the FY 06-07 ACF Demonstration Project and the FY 08 ACF Request for Funds;
- Signed Assurance Statement (Attachment 2, p. 2);
- **(Optional)** Letter of Support from local CMH/ADAMHS Board.

## Community Mental Health/Alcohol, Drug Addiction and Mental Health Services Boards

For your convenience we provided a link on our web site to the Ohio Association of County Behavioral Health Authorities: [http://www.oacbha.org/about\\_us/directory.html](http://www.oacbha.org/about_us/directory.html)

| NAME                 | BOARD   | TOWN            |
|----------------------|---|-----------------|
| Adams, James C.      | Geauga Board of Mental Health and Recovery Services   | Chardon         |
| Adkins, Ronald A.    | Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services                | Gallipolis      |
| Aller, John          | Mental Health and Recovery Services Board of Stark County                                       | Canton          |
| Baumgarner, Patricia | Columbiana County Mental Health and Recovery Services Board                                     | Lisbon          |
| Bohley, John         | Butler County Alcohol and Drug Addiction Services Board   | Hamilton        |
| Cecil, Earl          | Athens-Hocking-Vinton 317 Board   | Athens          |
| Ceglia, Nick         | Trumbull LifeLines Alcohol, Drug Addiction and Mental Health Services Board for Trumbull County | Warren          |
| Cochran, Nancy A.    | Mental Health and Recovery Services Board of Seneca-Sandusky-Wyandot                            | Tiffin          |
| Davies, Don          | County of Summit Alcohol, Drug Addiction and Mental Health Services Board                       | Akron           |
| Demo-Hodgins, Jody   | Crawford-Marion Board of Alcohol, Drug Addiction and Mental Health Services                     | Marion          |
| Denihan, William M.  | Cuyahoga County Community Mental Health Board   | Cleveland       |
| Dunkin, Steven       | Brown County Community Board of Alcohol, Drug Addiction and Mental Health Services              | Georgetown      |
| Ecklund, Gregory     | Ashtabula County Mental Health and Recovery Board   | Ashtabula       |
| Farrier, Hal         | Portage County Mental Health and Recovery Board   | Kent            |
| Friaser, Kim         | Lake County Alcohol, Drug Addiction and Mental Health Services Board                            | Painesville     |
| Georgas, Elaine      | Alcohol and Drug Addiction Services Board of Lorain County                                      | Lorain          |
| Hall, Orman          | Fairfield County Alcohol, Drug Addiction and Mental Health Board                                | Lancaster       |
| Halliday, Kirk       | Mental Health and Recovery Board of Erie and Ottawa   | Sandusky        |
| Hedge, Stephen A.    | Delaware-Morrow Mental Health and Recovery Services Board                                       | Delaware        |
| Higgins, David       | Logan-Champaign Counties Mental Health, Drug and Alcohol Services Board                         | West Liberty    |
| Hollingsworth, Rod   | Muskingum Area Alcohol, Drug Addiction and Mental Health Board                                  | Zanesville      |
| Jenks, Michael T.    | Medina County Alcohol, Drug Addiction and Mental Health Board                                   | Medina          |
| Kaye, Russell        | Cuyahoga County Alcohol and Drug Addiction Services Board                                       | Cleveland       |
| King, Jean I.        | Huron County Alcohol, Drug Addiction and Mental Health Services Board                           | Norwalk         |
| Lawyer, Brent        | Mental Health and Recovery Services of Warren and Clinton Counties                              | Lebanon         |
| Marian, Ronald A.    | Mahoning County Mental Health Board   | Youngstown      |
| Markley, Matthew     | Paint Valley Alcohol, Drug Addiction and Mental Health Board                                    | Chillicothe     |
| Martin, Jacqueline   | Mental Health and Recovery Services Board of Lucas County                                       | Toledo          |
| Mateer, William      | Mental Health and Recovery Board of Wayne and Holmes Counties                                   | Wooster         |
| McCaslin, Les        | Four County Alcohol, Drug Addiction and Mental Health Board                                     | Archbold        |
| McDaniel, Mark       | Tri-County Board of Recovery and Mental Health Services   | Troy            |
| Mershman, Larry      | Wood County Alcohol, Drug Addiction and Mental Health Services Board                            | Bowling Green   |
| Neff, Charlie        | Lorain County Board of Mental Health  | Lorain          |
| Ott, Kelli           | Preble County Mental Health and Recovery Board  | Eaton           |
| Petrilla, Pam        | Jefferson County Prevention and Recovery Board  | Steubenville    |
| Pickenpaugh, Linda   | Belmont-Harrison-Monroe Mental Health and Recovery Board  | St. Clairsville |
| Pollard, Tony        | Alcohol, Drug Addiction and Mental Health Services Board of Adams, Lawrence, Scioto Counties    | Portsmouth      |

## Community Mental Health/Alcohol, Drug Addiction and Mental Health Services Boards

|                     |   |                  |
|---------------------|---|------------------|
| Primm, Doris        | Mahoning County Alcohol and Drug Addiction Services Board                                   | Youngstown       |
| Rees, Ron           | Washington County Mental Health and Addiction Recovery Board                                | Marietta         |
| Royer, David        | The Alcohol, Drug Addiction and Mental Health Board of Franklin County                      | Columbus         |
| Royer, Terry        | Butler County Mental Health Board   | Fairfield        |
| Ruhe, Michael J.    | Mental Health, Alcohol and Drug Addiction Recovery Board of Putnam County                   | Ottawa           |
| Schaffer, David     | Alcohol, Drug Addiction and Mental Health Services Board of Tuscarawas and Carroll Counties | New Philadelphia |
| Scherra, Karen      | Clermont County Mental Health and Recovery Board  | Batavia          |
| Schoenhofer, Mike   | Mental Health and Recovery Services Board of Allen, Auglaize, Hardin Counties               | Lima             |
| Shenk Stuby, Precia | Hancock County Alcohol, Drug Addiction and Mental Health Services Board                     | Findlay          |
| Stone, Steve        | Mental Health and Recovery Board of Ashland County  | Ashland          |
| Szoke, Joseph L.    | Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County              | Dayton           |
| Tribbe, Patrick     | Hamilton County Mental Health and Recovery Services   | Cincinnati       |
| Trolian, Joe        | Mental Health and Recovery Services Board of Richland County                                | Mansfield        |
| Turvy, Keith D.     | Mercer, Van Wert, and Paulding Alcohol, Drug Addiction and Mental Health Board              | Van Wert         |
| VanderSchie, Paul   | Mental Health and Recovery Board of Clark, Greene, and Madison Counties                     | Springfield      |
| Williams, Wendy     | Licking and Knox Counties Mental Health and Recovery Services Board                         | Newark           |
| Witzky, Mike        | Mental Health and Recovery Board of Union County  | Marysville       |

However, if you did not elect to obtain a letter from your local CMH/ADAMHS Board, we offered an alternative. In lieu of the letter(s) you must complete and submit both of the forms below (Pages 9 & 10).

## Resident Gender and Mental Health Provider List

| Resident Number | Gender (M or F) | Mental Health Provider Name                    | Who is a current Resident (√) |
|-----------------|-----------------|--|-------------------------------|
| Example         | M               | Bishop D. M. Hartmann Behavioral Health Center |                               |
| Example         | M               | Veteran's Administration                       | √                             |
| Example         | F               | Bishop D. M. Hartmann Behavioral Health Center | √                             |
| 1               |                 |  |                               |
| 2               |                 |  |                               |
| 3               |                 |  |                               |
| 4               |                 |  |                               |
| 5               |                 |  |                               |
| 6               |                 |  |                               |
| 7               |                 |  |                               |
| 8               |                 |  |                               |
| 9               |                 |  |                               |
| 10              |                 |  |                               |
| 11              |                 |  |                               |
| 12              |                 |  |                               |
| 13              |                 |  |                               |
| 14              |                 |  |                               |
| 15              |                 |  |                               |
| 16              |                 |  |                               |

The total number of residents on this page should reflect the total number of residents with severe mental disabilities that were served over the past year. If you need an additional page(s) please feel free to copy this page as needed.

**PLEASE DO NOT LIST RESIDENT NAMES, ONLY THE PROVIDER AGENCY NAME**

## Project Completion Form

ACF Owner/Operator, please check (✓) the box(es) that is/are applicable to your past and/or current situation.

- I, \_\_\_\_\_, received funding in **SFY 06-07**. I have completed the project(s) and submitted the required information to my CMH/ADAMH Board.

**AND/OR**

- I, \_\_\_\_\_, received funding in **SFY 08**. I have completed the project(s) and submitted the required information to my CMH/ADAMH Board.

**OR**

- I, \_\_\_\_\_, received funding in **SFY 08**. I have not completed my current project(s); however, the project(s) is **in process** and will be completed by June 30, 2008. I will then submit all required information to my CMH/ADAMH Board per my signed agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This page is required to be returned to ODMH with Application/RFP.**