

# REQUEST FOR PROPOSALS

For Mental Health Case Management: Care  
Coordination for Children and Youth



Issued by Anne Arundel County Mental Health Agency, Inc.

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## I. BACKGROUND

In State Fiscal Year 2007, Maryland opted out of Medicaid coverage and the service was returned to state grant funding. Due to the flexibilities allowed by state only funding, the number of persons served did not drop dramatically, but enrollment was essentially capped. In April 2009, the State Mental Hygiene Administration (MHA) announced its intention to amend the State Medicaid Plan to return Targeted Case Management (TCM) to a Fee For Service (FFS) Medicaid reimbursable service with a small state only funding add on to serve individuals who were high service priority and not covered by Medicaid. Historically, persons in the Shelter Plus Care (SPC) Program, Supported Housing Opportunity Program (SHOP), County Detention Centers, Hospital Diversion Program, and other supported housing programs are prioritized for TCM services. Conversely, persons participating in the Psychiatric Rehabilitation Program (PRP) were excluded from eligibility. Persons transitioning from Psychiatric In-Patient Hospitalization were eligible up to 30 days prior to discharge. Both children and adults were eligible for TCM services at two intensity levels.

In 2009, a Psychiatric Residential Treatment Facility (PRTF) Demonstration Waiver was implemented in Maryland. The intent of the demonstration waiver was to provide treatment and services, through a home and community-based service waiver under the §1915(c) of the Social Security Act, for children and youth ages 6 through 21, who, absent the waiver, would require PRTF services. Waiver participants were served by Care Management Entities (CME) through a wraparound service delivery model that utilized child and family teams to create and implement individualized plans of care that were driven by the strengths and needs of the participants and families.

With the demonstration waiver nearing to its close, the MHA began planning for a State Medicaid Plan Amendment (SMPA) through the 1915(i) Community Choice for Children Youth & Families (CCCYF) initiative to incorporate the wraparound philosophy and imbed the philosophy into a Medicaid reimbursable service. Upon the approval of the SMPA by the Federal Centers for Medicare and Medicaid Services (CMS) the selected Mental Health Case Management provider would serve as the Care Coordination Organization (CCO) providing TCM for children and youth enrolled in the 1915i Initiative.

The Anne Arundel County Mental Health Agency (AACMHA) desires to identify vendors to provide Mental Health Case Management: Care Coordination for Children and Youth, which includes young adults up to age 21 for each of the following counties: Anne Arundel, Prince George's, Calvert, St. Mary's and Charles counties beginning on or about November 4, 2019. Offerors must specify which county or counties they intend to serve.

Mental Health Case Management: Care Coordination for Children and Youth allows for a multi-level continuum of care coordination using wraparound principles. This multi-level continuum of care provides care coordination to children and youth to support a transition back to a home environment, remain in their home or current living arrangement, move to a lower intensity of services or restrictiveness of placement, or otherwise maintain and improve functioning and well-being.

## II. LEVELS OF CARE COORDINATION

All participants shall be classified according to the following levels of service for Mental Health Case Management: Care Coordination for Children and Youth of the State Plan under chapter XIX of the Social Security Act as per COMAR 10.09.90:

**.05 Participant Eligibility — Level I — General Care Coordination.**

The participant as described in 10.09.90.03A of the regulation shall meet at least two of the following conditions:

- A. The participant is not linked to behavioral health, health insurance, or medical services;
- B. The participant lacks basic supports for education, income, shelter, or food;
- C. The participant is transitioning from one level of intensity to another level of intensity of services;
- D. The participant needs care coordination services to obtain and maintain community-based treatment and services;
- E. The participant:
  - 1. Is currently enrolled in Level II or Level III Care Coordination services under this chapter; and
  - 2. Has stabilized to the point that Level I is most appropriate.

**06 Participant Eligibility — Level II — Moderate Care Coordination.**

The participant as described in Regulation 10.09.90.03A of this chapter shall meet three or more of the following conditions:

- A. The participant is not linked to behavioral health services, health insurance, or medical services;
- B. The participant lacks basic supports for education, income, food, or transportation;
- C. The participant is homeless or at-risk for homelessness;
- D. The participant is transitioning from one level of intensity to another level of intensity including transitions out of the following levels of service:
  - 1. Inpatient psychiatric or substance use services;
  - 2. RTC; or
  - 3. 1915(i) services under COMAR 10.09.89;
- E. Due to multiple behavioral health stressors within the past 12 months, the participant has a history of:
  - 1. Psychiatric hospitalizations; or
  - 2. Repeated visits or admissions to:
    - a. Emergency room psychiatric units;
    - b. Crisis beds; or
    - c. Inpatient psychiatric units;
- F. The participant needs care coordination services to obtain and maintain community-based treatment and services;
- G. The participant:
  - 1. Is currently enrolled in Level III Care Coordination services under this chapter; and
  - 2. Has stabilized to the point that Level II is most appropriate;
- H. The participant:
  - 1. Is currently enrolled in Level I Care Coordination services under this chapter; and
  - 2. Has experienced one of the following adverse childhood experiences during the preceding 6 months:
    - a. Emotional, physical, or sexual abuse;

- b. Emotional or physical neglect; or
- c. Significant family disruption or stressors.

**.07 Participant Eligibility — Level III — Intensive Care Coordination.**

- A. The participant shall meet at least one of the following conditions:
  - 1. The participant has been enrolled in the 1915(i) program for 6 months or less;
  - 2. The participant is currently enrolled in Level I or Level II Care Coordination services under this chapter and has experienced one of the following adverse childhood experiences during the preceding 6 months:
    - a. Emotional, physical, or sexual abuse;
    - b. Serious emotional or physical neglect; or
    - c. Significant family disruption or stressors;
  - 3. The participant meets the following conditions:
    - a. The participant has a behavioral health disorder amenable to active clinical treatment, resulting from a face-to-face psychiatric evaluation;
    - b. There is clinical evidence the minor has a SED and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment;
    - c. A comprehensive psychosocial assessment performed by a licensed mental health professional finds that the minor exhibits a significant impairment in functioning, representing potential serious harm to self or others, across settings, including the home, school, or community;
    - d. The psychosocial assessment supports the completion of the Early Childhood Service Intensity Instrument (ECSII) for youth ages 0—5 or the Child and Adolescent Service Intensity Instrument (CASII) for youth ages 6—21, by which the participant receives a score of:
      - i. 4 or 5 on the ECSII; or
      - ii. 5 or 6 on the CASII;
    - e. Youth with a score of 5 on the CASII also shall meet the conditions outlined in §B of this regulation; and
    - f. Youth with a score of 4 on the ECSII also shall meet the conditions outlined in §C of this regulation.
- B. Youth with a score of 5 on the CASII shall meet one of the following criteria to be eligible based on their impaired functioning and service intensity level:
  - 1. Transitioning from a residential treatment center; or
  - 2. Living in the community:
    - a. Be at least 13 years old and have:
      - i. 3 or more inpatient psychiatric hospitalizations in the past 12 months; or
      - ii. Been in an RTC within the past 90 calendar days; or
    - b. Be 6 through 12 years old and have:
      - i. 2 or more inpatient psychiatric hospitalizations in the past 12 months; or
      - ii. Been in an RTC within the past 90 calendar days.
- C. Youth who are younger than 6 years old who have a score of a 4 on the ECSII shall either:

1. Be referred directly from an inpatient hospital unit; or
2. If living in the community, have two or more psychiatric inpatient hospitalizations in the past 12 months.

### III. REQUIRED TRAINING

Training is available on line at no-cost at [www.mdbehavioralhealth.com](http://www.mdbehavioralhealth.com) all staff including supervisors must complete all training modules within the specified timeframes. Additional trainings may be required.

Within the first 30 days of employment the Care Coordinators and supervisors must complete the following modules;

- Early Childhood, Child and Adolescent Development
- Working with Transition Age Youth
- Understanding School Language
- Mental Health 101
- An Introduction to Adolescent Substance Use
- Best Practices in Transitions
- Professional Conduct: Ethics, Confidentiality and Cultural Competence
- Core Principles/Values and Maryland State Regulation

Within the first 90 days of employment, all Care Coordinators including supervisors must complete the following modules;

- Orienting Families to Care Coordination and Initial Family Needs Assessment
- Developing an Effective Plan of Care
- Building an Effective Youth and Family Team
- Facilitating Constructive Youth and Family Team Meetings

Within the first 180 days of employment the Care Coordinators including supervisors must complete the following modules;

- Implementing, Monitoring, and Adapting the Plan of Care
- Maintaining a Strengths-Based and Motivational Stance with Clients
- Building and Maintaining Strong Partnerships with Community Resources
- Promoting a Successful Family Transition out of YCC: Sustaining Changes
- Addressing Youth Care Coordination Challenges

When the Care Coordinator and Supervisor have been employed for one year, the Care Coordinator and Supervisor have 30 days to complete the annual training requirements. These modules are as follows:

#### **Year 1**

Core Principles/Values and Maryland State Regulation  
Mental Health 101  
Maintaining a Strengths-Based and Motivational Stance with Clients  
Professional Conduct: Ethics, Confidentiality and Cultural Competence  
Early Childhood, Child and Adolescent Development

#### **Year 2**

Understanding School Language

Building an Effective Youth and Family Team  
Facilitating Constructive Youth and Family Team Meetings  
Building and Maintaining Strong Partnerships with Community Resources

**Year 3**

Best Practices in Transitions  
Promoting a Successful Family Transition out of YCC: Sustaining Changes  
Orienting Families to Care Coordination and Initial Family Needs Assessment  
Developing an Effective Plan of Care

**Year 4**

Implementing, Monitoring, and Adapting the Plan of Care  
An Introduction to Adolescent Substance Use  
Working with Transition Age Youth  
Addressing Youth Care Coordination Challenges

## IV. OFFEROR QUALIFICATIONS

To be awarded this contract, all of the following criteria **must** be met:

- Be licensed by the Office of Health Care Quality (OHCQ) as the Mental Health Case Management: Care Coordination for Children and Youth by November 4, 2019.
- Be enrolled as a Mental Health Case Management: Care Coordination for Children and Youth Provider in the Public Behavioral Health System (PBHS) by November 4, 2019.
- Be approved by the Maryland Medicaid System as a Mental Health Case Management: Care Coordination for Children and Youth Provider.
- Enroll in all applicable training on wraparound principles
- Be approved as a 1915(i) provider
- Provide a narrative demonstrating at least 3 years' experience providing mental health services to, including serving high risk populations and children and youth with serious emotional disorders.
- Have a valid Medicaid Provider billing number by November 4, 2019.
- Provide a narrative demonstrating a strong understanding of the unique needs of children, youth and families.
- Provide the Offeror's audited statements for the last two years, or demonstrate that organization is sound, and its business practices are consistent with general accounting principles
- Must have the ability to bill the PMHS as evidenced by providing an MA billing number and willingness to apply for additional billing numbers if necessary to serve additional counties.
- Provide proof of good standing status with the Maryland State Department of Assessments and Taxation

The successful Offeror will provide assurance to the local Core Service Agency of the county in which the provider is awarded the contract and that arrangements will be made to transfer all child and adolescent consumers currently enrolled in TCM to the Offeror's program, unless the consumer declines the offer.

## V. SCOPE OF WORK

### A. Overview

The AACMHA is seeking providers to serve Anne Arundel, Prince George's, Calvert, St. Mary's and Charles Counties, that are interested in providing Mental Health Case Management Care Coordination for Children and Youth services in one or more of these counties, at or above the standards included in the:

1. Federal Medicaid requirements and State Medicaid Plan Requirements for this service,
2. Meet the requirements for COMAR 10.09.90 and 10.09.89,
3. Requirements of the local Core Service Agency of each respective county for this service, and
4. Statements made in the reply to this RFP.

The local Core Service Agency of each respective county will oversee and monitor compliance with all contract conditions to ensure procedural requirements and contract deliverables are met. The Offeror shall ensure that the local Core Service Agency will have full access and copies of any and all materials to fulfill this contract oversight role. This should include, but is not limited to: individual client records, case ratios, staffing levels and patterns, organizational parameters, service requirements, budget and financial records.

### B. Overview of Project

The Mental Health Case Management Care Coordination for Children and Youth will serve children, adolescents and young adults up to 21 years of age, if enrolled prior to the youths 18th birthday and up to the age of 21 years of age if the individual is enrolled in the 1915(i). In recognition of the emerging needs specific to Transition-Age Youth (TAY), the Offeror shall support further development of a system of seamless services that can follow youth as they "age out" of the children's service system. To ensure that youth between 18-21 years of age continue to access services through providers with specialized expertise in developmentally-appropriate, youth-oriented services, any applicant under this RFP is required to have capacity to support youth in the transition phase or may transition youth into additional support services. Additionally, the Mental Health Care Coordination provider will ensure that youth are transitioned into the adult system services with a clearly defined plan with assistance from the local Core Service Agencies when needed.

The Offeror will serve all three levels of Mental Health Case Management Care Coordination for Children and Youth and will additionally serve as the CCO for children and youth enrolled in the 1915(i) The CCO will assure that for each enrolled youth, the same CCO staff will be assigned to work with the youth through all 3 levels of service for at least 80% of the time in each year the youth is enrolled in the CCO. The offeror shall submit a plan to ensure that youth are not placed on a "waitlist" and can be served without delay.

### C. Participant Eligibility

#### **Level 1, 2 and 3**

Level 1, 2 and 3 will require authorization through the ASO based on medical necessity criteria.



### **Level 3 and enrolled in the 1915(i)- Certificate of Need**

The Certificate of Need (CON) is a collection of documentation that summarizes, describes and explains the youth's current state of behavioral health, history of presenting behaviors and treatment interventions. At a minimum the CON must consist of a psychosocial assessment written by a licensed mental health professional in the State of Maryland and a psychiatric evaluation written by a licensed psychiatrist under the Health Occupations Article, Annotated Code of Maryland. The CON should include information about the youth's functional status, risk of harm, co-occurrence of other conditions (health, developmental disabilities, and substance abuse), the youth's living environment and its ability to support the youth, and resiliency. Additionally, information about the youth and caregiver involvement in treatment is useful. The completed CON documents must be submitted to the Administrative Service Organization, Beacon, and the local Core Service Agency within 30 days of the clinician and physician's date of assessment for the youth to be considered eligible. The CON will be evaluated to ensure the youth meets the medical necessity criteria (MNC) for this level of care, see Attachment 3.

#### Quality Assurance

The Mental Health Case Management Care Coordination for Children & Youth provider shall have a written quality assurance (QA) plan. The QA plan shall address, at minimum, the following:

1. Health, safety and welfare of the children and youth, including critical incidents and crisis service management protocols;
2. Child/youth and family satisfaction;
3. Complaints and grievances processes;
4. Utilization and outcomes management

The QA plan must describe how key stakeholders (e.g., families and children/youth, providers, State purchasers) will be engaged in QA processes.

#### D. Deliverables

The major outcome for this population may be measured by reducing the use of in-patient and other institutional-based care, obtaining and maintaining entitlements, consumer satisfaction, gaining employment, and having a safe, clean, and stable living situation.

- a. Program-wide Deliverables
  1. Submit required data and reports to the respective local Core Service Agency as appropriate.
  2. Submit fiscal and programmatic reports to the respective local Core Service agency on a schedule as requested by the local Core Service Agency.
  3. Submit critical incident reports to respective local Core Service agency as well as BHA
  4. Develop a network of community-based resources to address youth/family needs
  5. Track linkages to community-based resources by resource type (e.g. housing, food, recreation, mental health services, substance abuse)
  6. Track number of youths stepped up from a lower level of Mental Health Case Management: Care Coordination for Children & Youth

7. Track number of youths stepped down from a higher level of Mental Health Case Management: Care Coordination for Children & Youth
8. Track number of youth stepped up to higher level of care through inpatient hospitalization and/or residential treatment center placement
9. Communicate eligibility determinations with family as per COMAR 10.09.90 and 10.09.89
10. Conduct yearly consumer satisfaction surveys with youth/families for continuous quality improvement (CQI) purposes
11. Develop and implement an outreach plan to residential treatment centers, public schools, ER's and other Public Behavioral Health System levels of care to ensure that providers can refer youth and youth have access to additional treatment options
12. Attend trainings specified by the local Core Service Agencies and BHA – including but not limited to, CASII, ESCII, Child and Adolescent Needs & Strengths (CANS).
13. Report to the respective CSA on compliance with required staffing pattern, length of wait from referral to first visit
14. Attend Provider meetings organized by the local Core Service Agencies
15. The CCO will assure that for each enrolled youth, the same CCO staff will be assigned to work with the youth through all 3 levels of service for at least 80% of the time in each year the youth is enrolled in the CCO.
16. Develop policies and procedures based on regulations, to include crisis response, reportable events, customized goods & services, program model, job descriptions, clinical supervision, etc.

#### E. Staffing Requirements

Shall meet the standards in COMAR 10.09.89 and 10.09.90.

## VI. MECHANISMS TO INTEGRATE WITH EXISTING SYSTEM

The selected vendor will be required to sign Memorandums of Understanding (MOUs) with the local Core Service Agency(s). In these MOUs, at a minimum, the parties will specifically address collaboration, sharing of information in conformance with applicable laws and regulations, grievances and complaints, dealing with non-compliance of children, youth and families, and consumer and family input into treatment plans. Involvement in hospitalizations must be addressed.

## VII. PROCUREMENT PROCESS (Attachment 2)

### A. Issuing Agency:

Adrienne Mickler  
 Executive Director  
 Anne Arundel County Mental Health Agency, Inc.  
 1 Harry S Truman Parkway, Suite 101  
 Annapolis, Maryland 21401  
 410 222-7858

## VIII. PRE-BID CONFERENCE

A pre-bid conference will be held on August 28, 2019 at 10 am at AACMHA, 1 Truman Pkwy, Partnership Conference Room, Annapolis, MD 21401. The purpose of the conference is to address questions concerning the expectations of the project. All interested parties should register with the AACMHA by August 22, 2019 via email to [tluman@aamentalhealth.org](mailto:tluman@aamentalhealth.org).

## IX. CLOSING DATE

The deadline for submission of proposals is 3 pm Eastern Standard Time, September 26, 2019 at AACMHA 1 Truman Pkwy Suite 101, Annapolis, Md. 21401. Please submit six (6) copies each of both the Offeror Qualifications, Technical Proposals and Budget Analysis.

## X. DURATION OF OFFER

The Offeror agrees to be bound by its Offeror Qualifications, Technical Proposal and Budget Analysis for a period of 60 days from the proposal closing date during which time AACMHA may request clarification or corrections for the purpose of evaluation. Amendments or clarifications requested by AACMHA shall not affect the remainder of the proposals, but only that portion so amended or clarified.

### A. Timetable

If it is deemed appropriate, Offerors submitting proposals in response to this RFP may be required to make oral presentations or negotiations of their proposals. AACMHA will schedule the time and place for such discussions, if any. It is expected that this will take place approximately two weeks after the proposal deadline, depending on the number of proposals received. It is planned that the selection of the contractor will be announced on October 29, 2019, and a contract will be executed within a week of the announcement. The announcement will also be available to Offerors on the following websites:

Anne Arundel County at [www.aamentalhealth.org](http://www.aamentalhealth.org)  
Prince George's County at [www.princegeorgescountymd.gov](http://www.princegeorgescountymd.gov)  
Calvert County at [www.calverthealth.org](http://www.calverthealth.org)  
Charles at [www.charlescountyhealth.org](http://www.charlescountyhealth.org)  
St. Mary's at [www.smchd.org](http://www.smchd.org)

The project will commence on or about November 4, 2019.

### B. Cost of Proposal Preparation

Any costs incurred by Offerors in preparing or submitting proposals are the sole responsibility of the Offerors. AACMHA will not reimburse any Offeror for any costs incurred in making a proposal or subsequent pre-contract discussions, presentations, or negotiations.

### C. Selection and Ad Hoc Committee

A committee will be formed to review the proposals. The proposals will be presented to the local Core Service Agency Directors.

Contract award will be made by AACMHA in conjunction with the local Core Service Agency of the respective county.

## XI. PROPOSAL SUBMISSION

### A. Form of Proposal

Proposals must be submitted by each Offeror in separate sealed packages, grouped and marked as follows:

1. Mental Health Case Management Care Coordination for Children and Youth – Offeror Qualifications

Offeror's name and date of offer

2. Mental Health Case Management Care Coordination for Children and Youth – Technical Proposal

Offerors name and date of proposal

3. Mental Health Case Management Care Coordination for Children and Youth – Budget Analysis

Offerors name and date of analysis

### B. Freedom of Information

Offerors should give specific attention to the identification of those portions of their proposals that they deem to be confidential proprietary information or trade secrets and provide any justification why such material, upon request, should not be discussed by AACMHA under the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. annotated Code of Maryland.

Offerors are advised that the mere assertion of confidentiality is not sufficient to make matters confidential under the act. Information is confidential only if it is customarily so regarded in the trade and/or the withholding of the data would serve an objectively recognized private interest sufficiently compelling as to override the general disclosure policy of the act. In determining whether information designated as such is proprietary, AACMHA will follow the direction provided by the AACMHA attorney when responding to requests for information contained in proposals.

It may be necessary that the entire contents of the proposal of the selected Offeror be made available and reproduced for the purpose of examination and discussion by a broad range of interested parties.

## XII. PROPOSAL FORMAT & CONTENT

### I. Overview

The proposal should address all points outlined in this RFP and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the proposal. The sole purpose of this letter is to transmit the proposal. It should be brief and signed by an individual who is authorized to commit the Offeror to the services and requirements as stated in this RFP.

### II. Offeror Qualification Format

- a. Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Mental Health Case Management Care Coordination for Children and Youth – Offeror Qualifications" on the outside of the package. Inside this package (an original and five copies) shall be the Offeror's Qualification submission.

### III. Qualification Content

- a. Response to each qualification required

### IV. Technical Proposal Format

- a. Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Mental Health Case Management Care Coordination for Children and Youth – Technical Proposal" on the outside of the package. Inside this package (an original and five copies) shall be the Offeror's Technical Proposal.

### V. Technical Proposal Content

- a. Executive Summary -The Offeror shall condense and highlight the contents of the technical Proposal in a separate section entitled "Executive Summary." The summary shall provide a description of the objectives of the RFP, the scope of work, the contents of the proposal, and any related issues which should be addressed.
- b. Proposed Services - Work Plan

The Offeror shall provide a detailed discussion of the Offeror's approach, methods, techniques, tasks, work plan for addressing the requirements outlined in the scope of work, and any additional requirements that might be identified by the Offeror.

The Offeror shall fully explain how the proposed services will satisfy the requirements of this RFP. It shall also indicate all significant tasks, aspects, or issues that will be examined to fulfill the scope of work, as well as, include a time-phased schedule by tasks for meeting the proposed objective, a breakdown of proposed staff assignments, and time requirements by task.

An Offeror that can demonstrate an ability to work closely with the local Core Service Agency as a partner may be given preference.

The Offeror shall demonstrate a full understanding of the purpose, expectations and complexities of the project and how the objective may best be accomplished. The total

scope of effort and resources proposed by the Offeror should be convincing and consistent with the view and nature of the engagement.

c. Project Organization and Management

The Offeror shall demonstrate the capability to successfully manage and complete the contract, including an outline of the overall management concepts and methodologies to be employed by the Offeror, and a project management plan including project control mechanisms, and describe the quality control procedures of the Offeror. Key management individuals responsible for coordinating with the respective local Core Service agency should be identified. The Offeror must meet periodically with respective local Core Service agency staff and render periodic progress reports for the purpose of administering the contract. The Offeror shall also participate in the client tracking process approved by the BHA, collecting and submitting relevant data as required by BHA. The Offeror also shall address the transition and employment of existing agency-based case managers.

d. Experience and Qualification of Offeror

References and descriptions of previous similar engagements should be provided (All references should include a contact person familiar with the Offeror's work and the appropriate telephone number, with authorization for AACHMA to contact any reference provided.).

e. Personnel Capability

The Offeror shall clearly identify the proposed project team, the assignment of work activities, and the experience, qualifications, and education of the staff to be assigned. It is essential that the Offeror assign and provide sufficient qualified staff assigned in an appropriate mix who has experience in aspects related to the objectives and scope of the proposal. The Offeror should explain to what extent backup professional personnel are available to substitute for loss of professional personnel identified as necessary in the proposal.

f. Response To Case Vignette: Attachment 4

VI. Overview

The proposal should address all points outlined in this RFP and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the budget analysis. The sole purpose of this letter is to transmit the budget analysis; it should be brief and signed by an individual who is authorized to commit the Offeror to the services and requirements as stated in this RFP.

The Offerors must address their financial ability to provide the scope of services requested at the quality desired and address the legal liability issues associated with the provision of the proposed services. Applicants having current contracts with BHA or Core Service Agencies must have demonstrated success by meeting deliverables in current contracts.

## VII. Format of Proposal

Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Mental Health Case Management Care Coordination for Children and Youth – Budget Analysis" on the outside of the package. Inside this package (an original and five copies) shall be the Offeror's budget analysis. The budget analysis should be submitted on a DHMH 432, which can be downloaded at [www.aamentalhealth.org](http://www.aamentalhealth.org), click rfp/rfi.

### 1. Budget Analysis Content

#### a. Overall Budget

An overall budget (on the appropriate forms) shall be submitted. All sources of revenues anticipated should be detailed in the submitted budget. The DHMH 432 packet is available at AACMHA, which can be downloaded at [www.aamentalhealth.org](http://www.aamentalhealth.org), click on rfp/rfi.

#### b. Personnel Detail Page

A personnel detail page (DHMH 432 D), including the qualifications and titles of staff, the hours/days of employment anticipated, the salary per hour/day, and any agency adjustments should be detailed. All consultant costs should be detailed including type of consultant (if known) and an hourly rate for each consultant hired.

#### c. Start-up Costs

Although there is no funding for start-up costs, start-up costs are anticipated, and they should be submitted as a separate budget and supported with supplemental schedules of startup costs. All equipment and start-up staff and training costs should be detailed on a separate DHMH 432 packet.

#### d. Collections

Use of, and ability to bill and collect "Medicare, Medicaid, and third-party payments" should be documented.

## XIII. PROPOSAL EVALUATION CRITERIA

### A. Overview

An Ad Hoc Committee shall first review Offeror Qualification package to determine that the Offeror meets qualification criteria. Proposals from qualified Offerors will then be studied in depth and evaluated. Qualification requirements will receive 20% in relative weight, Technical proposals will receive 75% relative weight in the evaluation process and budget analysis will carry 5% relative weight. The proposals and scores, along with the Ad Hoc Committee recommendations will be forwarded to the local Core Service Agency Directors for review and final determination.

## B. Evaluation Method

### a. Acceptable Offers (Attachment 1)

Each member of the Ad Hoc Committee will complete a preliminary technical evaluation. All Offerors who receive a rating of 80% or more of total points possible on the technical proposal evaluation will be considered to have an acceptable offer and will receive consideration of their budget analysis. The following is the weighted scale for each component:

- |  |     |
|--|-----|
| 1. Qualifications of Offeror                 | 20% |
| 2. Technical Proposal                        | 75% |
| a. Philosophy & Approach to Service Delivery |     |
| b. Implementation and Operations             |     |
| c. Response to Case Vignette                 |     |
| 3. Response to budget                        | 5%  |

### b. Unacceptable Offers

Those proposals with a technical rating of less than 80% of the total possible points will be considered unacceptable and will not be considered further.

### c. Qualification Scores

Relative value will be established by meeting all of the required Offeror qualifications.

### d. Technical Scores

Proposals will be given a score based on the qualifications of the offeror, the philosophy and approach to service delivery, implementation and operations and the response to the vignette.

#### 1. Budget Analysis Score

There is no price associated with this RFP. Funding will be through the Public Mental Health System (PMHS) Fee for Service (FFS) billings. The selected provider will comply with COMAR 10.09.89 and 10.09.90 and any other COMAR regulations that may apply.

Up to five points will be added to the total score, if the following criteria are met:

#### 2. Program Budget/Technical Proposal – Personnel Reconciliation

1. Staff positions in programmatic budget must be outlined and reconciled with technical proposal, citing corresponding page numbers in the technical proposal



2. Salary should be calculated and displayed as both hourly and annual rates with percentage attributed to this project included
3. Specific licenses should be listed for personnel that match the technical proposal, citing corresponding page numbers in the technical proposal, e.g. LCSW, LCSW-C, LCPC

3. Revenue must be broken out by CPT code:

Example:	90801	\$40,000
	90802	\$60,000
	90791	\$20,000
	T1016	\$250,000
	<u>In-kind</u>	<u>\$50,000</u>
	Total Budget	\$420,000

#### XIV. CONTRACT REQUIREMENTS

The selected Offeror will be required to enter into a contractual agreement with the respective local Core Service agency. A sample contract packet is available at respective local Core Service agency for your information. The contents of this RFP and the proposal of the successful Offeror will be incorporated by reference into the resulting agreement. The local Core Service Agency shall enter into a contract only with the selected Offeror and the selected Offeror will be required to comply with, and provide assurance of, certification as to certain contract requirements and provisions.

## Attachment 1

### MENTAL HEALTH CASE MANAGEMENT CARE COORDINATION FOR CHILDREN AND YOUTH PROGRAM RATING SHEET

#### Transmittal Letter should include:

1. Letter signed by authorized official.
2. Letter on Offeror's stationary.

#### I. QUALIFICATIONS OF OFFEROR AND PROPOSED STAFF (20%)

##### A. DOCUMENTATION OF CORPORATE STRUCTURE

1. Current legal status (e.g. Articles of Incorporation).
2. Board resolution approving submission of proposal.

##### B. FINANCIAL CAPABILITY TO PERFORM

1. Description of Offeror's financial capability to carry out work of RFP.
2. Audited financial statements for the last two years.

##### C. SUMMARY OF RELEVANT EXPERIENCE

1. Specific documentation of experience with other similar projects.

##### D. ORGANIZATION STRUCTURE/CHART

1. Description of organizational structure.
2. Explanation of how project will relate to the whole.
3. Table of Organization/organizational relationships.

##### E. STAFFING

1. Resumes of administrative/supervisory staff.
2. Description of staff assigned.
3. Description of duties and qualifications.
4. Names and resumes for all staff and consultants, if to be reassigned or already committed to the project.
5. Number and credentials of staff indicates high probability of meeting project outcomes.
6. Supervisory/administrative support adequate to meet project outcomes.

All elements of the Offeror Qualifications are being rated equally.

#### II. TECHNICAL PROPOSAL

##### A. PHILOSOPHY AND APPROACH TO SERVICE DELIVERY (20%)

1. Basic values and beliefs about mental health services.
2. Knowledge of population and Wraparound approach.
3. Knowledge of Maryland public mental health system.
4. Importance of active participant involvement & recovery.
5. Demonstrated ability to bill and collect for eligible services.
6. Clear priority for most vulnerable populations and entitlements as a means to recovery and self-direction.

7. Strength of Disaster Plan.

**B. IMPLEMENTATION AND OPERATIONS STRATEGY (45%)**

1. Clear and concise timelines.
2. Clear and concise work plan.
3. Ability to cover for staff turnover and leave.
4. Orientation, training and supervision.
5. Process and content of Individualized Service Plans.
6. Record keeping.
7. Report requirements.
8. Problem solving if encountered.
9. Grievance procedures.
10. Clearly stated outcomes
11. Listed mission, goals, and objectives
12. Clearly lists how progress will be measured and recorded.
13. Efforts or method to ensure participant involvement.
14. Confidentiality and record security.
15. Use of technologies to improve quality and efficiency.

**C. RESPONSE TO CASE VIGNETTE (10%)**

1. Clearly explain how you would engage the family using the wraparound process.
2. Identify youth and family strengths.
3. Identify the underlying need that may be driving the behavior both on the part of the youth and on the part of the family.
4. Clearly indicate how you would develop and implement a Plan of Care.
5. Clearly indicate how you would evaluate the progress of the Plan of Care.
6. Indicate how eligibility will be determined.
7. Indicate our ability to bill for services under the Fee For Service System

**III. BUDGET ANALYSIS (5%)**

- A. Overall budget
- B. Personnel Detail Page
- C. Start-up Costs
- D. Collections

## Attachment 2

### Mental Health Case Management Care Coordination for Children and Youth Proposal Timeline

Steps to Completion	Completion Date
Advertise/E-Mail/Webpage	August 12, 2019
Register for Pre-Bid Conference RSVP to Terry Luman at <a href="mailto:tluman@aamentalhealth.org">tluman@aamentalhealth.org</a>	August 22, 2019
Pre-Bid Conference 10 am at the Partnership Conference Room	August 28, 2019
Proposal Submission Deadline Deliver to: AACMHA Attn: CCO RFP 1 Truman Pkwy, Ste. 101 Annapolis, MD 21401	September 26, 2019
Review Committee Packet Pick Up	September 30, 2019
Review Committee 10 am at The Partnership Conference Room	October 9, 2019
Contract Committee 1 pm at The Partnership Conference Room	October 17, 2019
Core Service Agency's Board of Directors' Approval	October 21, 2019
Contract Award Announcement Email/call to successful bidder and notice to be placed on the AACMHA website	October 29, 2019
Work to begin on or about	November 4, 2019

## Attachment 3

### CON Guideline Information

#### Psychiatric Evaluation

- Reason for Psychiatric Assessment
- Past Psychiatric History and Other Relevant History
- Current Medications
- Past medications
- Substance Use History
- Medical History
- Developmental history
- Social History
- Educational History
- Legal History
- Family History
- DSM V Diagnosis
- Other Agencies Involved
- Recommendations

#### Psychosocial Assessment

- Presenting Problems
- Family/Social Assessment
- Legal History
- Emotional Assessment
- Past Efforts to Maintain Client in the Community
- Placement History
- Hospitalizations
- Recommendations

## Attachment 4

### Case Vignette

Robert is a 14-year-old Caucasian male living with his father and mother. He reports having a strained relationship with his father, who has been deployed several times in the past five years. Father is now separated from the military and is working in an autobody shop. Roberts mother works part time at a local grocery store. Robert was very close to his grandmother who passed away four months ago. Robert has been hospitalized once in the past year for suicidal ideation and has had 3 emergency room visits for suicidal ideation but did not meet criteria for inpatient hospitalization. Crisis Response has been to the school and the home to provide crisis services when Robert was having temper outbursts. The Crisis System is referring Robert to the Care Coordination Organization. Robert had one contact with Juvenile Services after an altercation he had with a friend at school. Robert has been engaged in therapy for eight months but reports that he does not like the therapist. Robert's mother is supportive of the treatment and would like to participate in family therapy but is hesitant to discuss this with her husband. Robert has become more isolated from friend in the past year and the family lacks the finance for him to participate in extracurricular activities. Roberts mother expressed to Crisis Response that she has been having difficulty dealing with the lack of progress in Roberts treatment and fears that things are going to get worse as he gets further into adolescence.

The treatment team that Robert sees has given him a diagnosis of Disruptive mood dysregulation disorder. Robert is not currently prescribed any medication, but his psychiatrist has talked to both of Roberts parents about the benefit of medication as part of his treatment continuum.