



REQUEST FOR PROPOSALS (RFP): Maryland Crisis Stabilization Center

Pre-Proposal Conference Held: October 10, 2017 | 10:30 am
Behavioral Health System Baltimore
100 South Charles Street, Tower II, Floor 8
Baltimore, Maryland 21201

BHSB Facilitators:

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QUESTIONS AND ANSWERS

Posted: October 16, 2017

A correction was made to the Medical Screening Protocol on page 19. It originally said that answering the vital sign criteria with a "No" would exclude an individual from being eligible, but it should have said "Yes." The changes were tracked so they are visible.

The Medical Screening Protocol states individuals must continue to meet the inclusion criteria, i.e., stable vital signs, but a person experiencing withdrawal symptoms may have vital signs that fluctuate out of the outlined criteria. Would these individuals necessarily have to go to an emergency department (ED)? Which ED will these individuals be taken to?

The inclusion criteria were written by medical staff from the Maryland Institute for Emergency Medical Services Systems (MIEMSS) as well as other medical consultants, and it is understood that vital signs may fluctuate for individuals experiencing symptoms of withdrawal. The medical staff associated with the Maryland Crisis Stabilization Center are expected to use their clinical judgement to determine if the fluctuations are an expected side effect of withdrawal or constitute a risk that necessitates the individual be transferred to an ED.

It has not been determined whether the Crisis Stabilization Center will build a relationship with one ED for the purposes of transporting individuals from the Center or whether relationships with multiple EDs would be more beneficial. BHSB continues to work with the Baltimore City Fire Department to



operationalize these and other protocols. The selected vendor will be a part of finalizing all protocols to ensure these kinds of concerns are addressed satisfactorily.

What types of costs can be included in the indirect line item?

As specified by the Maryland Department of Health Human Services Manual, indirect costs can be up to 10% of salary and fringe, and can include any reasonable costs indirectly associated with administering this project such as overhead, indirect personnel, or indirect administration.

Direct operational costs (e.g., equipment, administrative supplies, medical supplies, etc.) are allowed and should be specified in the budget and narrative.

What are the funding sources?

The Substance Abuse and Mental Health Administration (SAMHSA) is contributing the largest portion of the funding through 21st Century Cures Act funding awarded to Maryland and then sub-awarded to BHSB through the Behavioral Health Administration. The Maryland Community Health Resources Commission also contributed a significant amount of funding, and the City of Baltimore through the Health Department has also contributed funding for this project.

The funding amount is \$1.75 million for the first year year. What is the funding amount expected for a full year?

At this time, BHSB does not have confirmation of any future awards, including funding amounts. Through this procurement, BHSB is seeking a provider organization that will partner with BHSB and the Implementation Board to plan for programmatic, administrative, and financial sustainability, including needed ongoing grant funding, fee-for-service revenue, etc.

The project's Implementation Board includes representatives from the Maryland Department of Health and Baltimore City's Mayor's Office because it is acknowledged that systemic structural change may be needed to make this project sustainable. There are high levels of investment in ensuring this project's success, and future awards are anticipated.

Will there be regular funding increases to maintain staffing costs, particularly since there is a statewide staffing shortage requiring providers to offer competitive wages?

All fee-for-service revenue collected through this project will likely be subject to the same increases as other Medicaid-funded services, but increases are not guaranteed. None of the grant funding beyond the first year has been confirmed, so no increases in grant funding can be guaranteed either. BHSB



will work closely with the selected provider to advocate for adequate funding to cover personnel and other critical costs.

If the project does not go as planned, will the contract between BHSB and the selected applicant have an “out clause”?

All of BHSB’s contracts allow either BHSB or the contracted provider organization to discontinue services with a formal 30-day notification. BHSB anticipates working closely and proactively with the selected applicant to identify issues and solutions as quickly as possible to ensure the success of this project.

Is there money set aside for infrastructure or other costs that applicants do not need to include in their budgets?

BHSB received grant funding to pay for some infrastructure costs associated with getting the physical space for this project ready. As such, applicants do not need to include infrastructure costs (e.g., construction, furniture, laundry facilities, security system installation, etc.) into their budgets. However, ongoing maintenance/monthly fees should be estimated. A monthly rent that includes the security system fees should be also estimated.

Please note that BHSB does not expect applicants to get the budget “right,” but wants to see sound financial management principles and creative thinking. BHSB will work closely with the selected vendor to finalize the budget.

Since there is little precedence for this kind of project, what should applicants base their budget on?

BHSB is looking for applicants to use their experience delivering services and running programs to extrapolate, to the best of their ability, reasonable costs for this kind of project. Applicants are encouraged to be creative and make recommendations on how to best use the funds and how to generate revenue. Applicants will not necessarily be held to the budgets submitted with their proposals, but BHSB is looking for proposals that show strong financial planning concepts as well as creative solutions-focused thinking.

How are services to be delivered as outlined in the scope of service, especially the warm handoff and follow up, without any form of identification?

These services are meant to be “low barrier” to encourage participation and eventual engagement in ongoing behavioral health care. While identification is not required at intake, the vendor should still ask for as much identifying information as individuals are willing provide. Based on its experience working with programs that serve individuals unlikely to have identification, such as individuals experiencing homelessness, BHSB believes that the



services outlined in the scope of service can be provided without identification.

Why aren't walk-ins allowed?

There are many considerations when planning for walk-in capacity such as community concerns, medical screening and eligibility protocols, and safety issues. Due to these and other issues, the planning group decided to start this initial implementation phase without walk-in capacity. Depending on how things go, it could be a consideration for the future, but not right now.

How should the selected provider bill for services since this is not an established provider type? Should the provider bill as an urgent care center?

This is a new service and provider type in Maryland, so BHSB is working with State partners to determine these kinds of details. The selected vendor will need to be committed to and invested in actively planning and implementing this unique pilot project. This will require some flexibility and willingness to try new things.

Applicants are encouraged to make recommendations and use their experience to estimate billing projections. Applicants are not expected to have the "right" answer as much as put some thought into how billing for these services (both behavioral health and medical services) could work in this kind of setting. Remember that applicants are expected to have the capacity to bill the Administrative Services Organization as well as the Managed Care Organizations.

On page 14, the anticipated initial service term is listed as December 1, 2017 – June 30, 2018, but that conflicts with other statements that all funds must be spend by the end of April 2018. What will the initial service term be?

The original RFP document contained an error and has been corrected. The initial service term will be from December 1, 2017 to November 30, 2018, one full year. The \$1.75 million award will be for the full first year of services.

Should the budget cover just the initial service term or a full year of operations?

The \$1.75 million award is to supplement the revenue for the first full year of services.

What budget format should be used? Are there specific budget guidelines that should be followed?



Applicants should use BHSB's budget form available here: <http://www.bhsbaltimore.org/for-providers/forms-for-providers/>, labeled FY 18 SUD-Budget Forms Cost Reimbursement. There are also instructions available on that webpage.

What is the liability for the provider organization delivering these services? For example, if someone leaves the center against medical advice and experiences a negative outcome, will the vendor be held responsible?

BHSB recognizes that there are risks associated with providing these services, and applicants are asked to respond to this in their proposals. A certain amount of "risk tolerance" is required. BHSB requires general liability insurance for all service-related contracts, and the selected vendor should exercise good clinical practices by documenting interventions very clearly and with some detail. All critical incidents will be investigated to determine if sound clinical judgement was used and exercised, as is the standard practice of BHSB.

Is the vendor required to be accredited?

This has not been decided yet. BHSB will work closely with the selected vendor if it is determined that accreditation is needed.

In order to develop a staffing plan, what is the projected number of individuals to be served and when are most of them expected (i.e., during what hours)?

This is not yet known, but the goal is to have availability as close to 24 hours per day, 7 days per week as possible. Applicants may propose starting with more limited or rotating hours in order to learn when occupancy is highest. BHSB understands that staffing patterns will likely change as more is learned about the flow of individuals.

What happens when beds are filled?

The permanent location will have overflow or surge capacity for when the regular capacity is met. However, there will need to be protocols developed to address this issue in the temporary space.

If this is an "advanced-basis cost reimbursement" contract, what will happen if the center doesn't serve as many people as expected? Will money have to be given back?

With an advance-basis cost reimbursement contract, payments are sent ahead of time to help with startup costs and initial cash flow. However, the vendor will submit expenditure reports and the payments will be modified based on actual spending. At the end of the contract period, there will be a



reconciliation process to ensure that payments match the actual costs incurred.

Please note that this will not be a fee-for-service contract, so payments are not necessarily based on the numbers of people served. All reasonable and allowable costs incurred (e.g., personnel, operations, etc.) will be reimbursed.

What protocols exist to prevent conflicts of interest and “cherry picking”? For example, how can we be sure that mobile crisis teams will not refer only to their programs?

BHSB will be monitoring this project and its data very closely, and there is an expectation that programs operate with high levels of integrity, avoiding conflicts of interest.

Can Baltimore Crisis Response, Inc. (BCRI) bid on this project?

Any organization that meets the minimum basic criteria will be considered eligible to submit a proposal for this project. The evaluation process is an open and unbiased process.

Is the vendor expected to purchase and maintain vehicles and hire drivers to transport people either home or to a program? Is the expectation that people will be transported 24 hours per day, 7 days per week (24/7)?

A warm handoff to ongoing care is an expectation of the service delivery. However, BHSB understands some of the logistical issues that make transporting people 24/7 difficult. Applicants are encouraged to think broadly and creatively about this issue. For example, taxis or other ride-sharing services are allowable operational expenses. People may also stay in the center until a program is open to help facilitate a warm handoff or referral.

Warm handoffs will be harder during evenings and weekends when programs are not typically open for intake. Is there any additional funding to help with system capacity?

These concerns are all part of broader crisis system planning that BHSB is doing. There isn't dedicated funding to address this barrier right now, but increasing system capacity and treatment access is a priority for BHSB.

What constitutes “linking to ongoing care” or a warm handoff. Does the selected vendor need to get signatures from the programs or is there a specific form?



The current expectation is that the vendor document in their own records what was done. The linkage or warm handoff will look different for different people depending on their needs.

What other programs/models were explored when designing this project?

BHSB is part of the National Sobering Coalition (<http://www.nationalsobering.org/>) where models and protocols are discussed, and the selected vendor will be brought into that. BHSB and stakeholders also visited programs in San Francisco (<http://www.sfsoberingcenter.com>), Houston (<https://houstonrecoverycenter.org/sobering-center/>) and San Antonio (no website).

Has construction started? Will the selected vendor be able to give input into the design of the physical space?

The design is mostly complete, and construction is anticipated to begin by the end of 2017. Although most of the plans for the building are complete, the vendor will be part of any further refining of the plans.

The space is based on other programs and is very basic: cots around an open room where medical staff can see everyone, with basic laundry facilities and a few private rooms to meet with staff individually.

What will the transition between the temporary and permanent space look like? Will operations need to shut down?

The transition will need to be planned carefully to minimize disruption, and BHSB will be actively involved to help.

Johns Hopkins Bloomberg School of Public Health is listed as a partner in the evaluation. What will that evaluation entail?

The evaluation will be planned in partnership with the selected vendor.

Do social workers staffing the center need to be licensed clinical social workers? Would licensed graduate social workers be acceptable?

BHSB does not require that all social workers have advanced clinical licenses, but applicants should be aware of the implications for billing and their scope of practice. For example, licensed graduate social workers can only bill for services in specific circumstances, and they require appropriate supervision.

End of Questions and Answers