



REQUEST FOR PROPOSALS (RFP): *Mental Health Case Management for Adults/ Mental Health Case Management: Care Coordination for Children and Youth*

Pre-Proposal Conference Held: September 17, 2019 | 1-3PM
Behavioral Health System Baltimore
100 South Charles Street, Tower II, Floor 8
Baltimore, Maryland 21201

BHSB Facilitators:

Jennifer Glassman, Special Project Coordinator, Procurement Lead
Heather Dewey, Associate Director of Child and Family Services
Shira Cavalieri, Rehabilitation and Treatment Coordinator
Keisha Tatum, Director of Contract Operations
Romona Dixon-Smith, Quality Coordinator

QUESTIONS AND ANSWERS

Posted: September 24, 2019

Jennifer Glassman welcomed the group, and attendees introduced themselves by sharing their names and organizations

Jennifer provided an overview of BHSB and its procurement process for the Request for Proposals (RFP):

- BHSB is the local behavioral health authority for Baltimore City and oversees the network of public behavioral health services. Open and competitive procurements are an important part of how BHSB builds an effective and responsive system of care.
- BHSB attempts to ensure its procurements are fair and confidential. Proposals are reviewed and scored by largely external reviewers who sign confidentiality and conflict of interest statements prior to participating.
- Question and Answer documents will be posted within 5 business days.
- Applicants were encouraged to use the Proposal Narrative Outline section of the RFP to structure their proposals and to answer the questions clearly and comprehensively so proposal reviewers can award as many points as possible. The review committee will make their recommendations based only on what is included in the proposal using the rating criteria shown on the form. After a recommendation is

made by the review committee, BHSB's executive leadership will make the final approvals.

Keisha Tatum provided an overview of BHSB's contracting process:

- For this RFP BHSB is issuing one-year contracts. The first contract will be for four months, with options to renew each fiscal year through June 30, 2024. Reference page 13 of the Adult RFP and page 14 of the Child and Youth RFP for renewal options.
- Selected providers will receive a Letter of Award giving them information for the next steps in the contracting process. Each provider will also be given a Contract Administrator who will help guide them through the contract process.
- BHSB uses an electronic system for signature. Only the authorized signatory of your organization may sign the contract.
- BHSB uses a web-based Contract Management System (CMS) for payment and program monitoring. Organizations will be granted access to the system by the Contract Administrator. This RFP will be requiring quarterly programmatic reporting through the CMS system. If you fail to report, your contract will be out of compliance.
- The contract execution process typically takes about a month and a half. However, because there is no budget required, we are expecting the process to move faster.
- By providing new contracts each fiscal year more flexibility in changing deliverables related to data collection is allowed.

Romona Dixon-Smith provided an overview of the Accountability Department

- The department responds to complaints and investigates critical incidents as well as provides a compliance review of the contract. After the contract period ends, the department conducts a compliance review of various documents and provides feedback of results. If issues are found technical assistance by BHSB staff will be provided. Additionally, the provider may be put on a Performance Improvement Plan (PIP) if the results fall outside of the recommended BHSB benchmarks for adherence.

Shira and Heather provided an overview of the program

- There is no funding through BHSB for this program. You must be able to access funds through the Administrative Services Organization (ASO).
- The system of care principles values were discussed as an important aspect to the RFP. Reference pages 4 and 5 of both the Adult and Child and Youth RFPs for details.
- Adult specific information
 - Goals discussed on page 6
 - Two levels of care: General and Intensive
 - Focus population - 18 years and up, residing in Baltimore City
- Youth specific information



- Focus population are youth under the age of 18 at the time of enrollment, young adults up to age 22 who continue to meet the Medical Necessity Criteria, and their families residing in Baltimore City
- Three Levels of care: General, Moderate, and Intensive (see page 7 for details)
- Special staffing ratio required - 1:8 supervisors to care coordinators (see pages 9-10 for details)
- Annual site visit is required

Attendee Questions:

May a third party submit the 990 form?

Yes, a third party may submit to submit the documents to BHSB.

Is there a cost to the CMS system?

No, CMS access is free to providers designated by BHSB.

To execute a contract does it require board approval?

No, only the signature of the authorized signatory of your organization is required.

Do we need a new Medicaid application or ID?

Providers are required to obtain a service line specific NPI and Medicaid ID to provide these services. Therefore, a new application would need to be submitted if the provider does not already have the Medicaid ID.

Will there be another RFP in a year?

No, these services are re-procured every 5 years per COMAR.

May the Certificate of Good standing be a screen shot?

Yes, this is acceptable.

Who are the current case management providers?

Youth (listed alphabetically): Hope Health Systems, Inc. and Wraparound Maryland

Adults (listed alphabetically): Baltimore Crisis Response, Inc., Bon Secours Hospital, Johns Hopkins Bayview, People Encouraging People, University of Maryland Medical Center, Wraparound Maryland

Is there a limit to how many providers will be selected?

This has not been determined yet. Utilization and other system-level data will be used to make this determination.

Are there plans to maintain or reduce the number of providers?

There are no plans to reduce the number of providers at this time.

How many consumers are there, how many are on waitlists?



Youth: FY18: 320; FY19: 326. It is important to note Maryland is currently expanding the regulations for Mental Health Case Management: Care Coordination which, it is believed, will allow enrollment of more youth into higher levels of care.

Adults: 756 consumers have been served during FY2019; no individuals are presently identified on "waitlists".

What is the A133 Audit and is there something in leu of it?

It is an independent report by an independent agency, usually a CPA is required to look at finances, track bank statements and look at internal operations. Financial audits are generally a contract requirement. This will not be a requirement for this portfolio at this time because no grant funds will be awarded through this procurement.

What is the frequency of the programmatic reporting?

Programmatic reporting is presently required quarterly for both the Adult and Youth contracts.

Does BHSB follow BHA's case management audit tool?

Youth: BHA's auditing tool for this service line is presently not up to date. BHSB follows BHA's tool with updated areas to represent the most accurate standards/expectations.

Adults: BHSB utilizes BHA's audit tool along with our own expanded tool to determine that deliverables are being met and that providers are complying with standards and expectations.

Does BHSB offer trainings related to the trainings required in the RFP?

Yes, BHSB does offer some trainings and program staff send out information to providers when they hear of other trainings.

Adult Specific: Are care coordinators responsible for coordinating housing inspections?

No, but they may be involved in coordinating with the consumer and the housing provider for the inspection.

Should someone on staff be bilingual to meet the cultural competency aspect?

Having bilingual staffing availability is ideal but is not an expectation/requirement. What BHSB does expect is staff are trained and skilled to work with interpreters and translation services to ensure the consumer who has limited English proficiency will be served in the same manner as an English proficient consumer.

May there be concurrent services authorized with Care Coordination?

There may be concurrent services authorized. However, there are also limitations to co-authorizations. For more information, please review the



Beacon Health Options Participating Provider Handbook at
http://maryland.beaconhealthoptions.com/provider/prv_man.html.

Adult Specific: Will billing for the adult allow for incremental reimbursement (e.g. 15-minute units)?

No, currently increments are only allowed for Mental Health Case Management: Care Coordination for youth (COMAR 10.09.89-90).

Both RFPs note an expectation of 24/7 coverage, could you elaborate on what this expectation means for providers?

Selected providers are expected to be available to enrolled individuals (and for the youth RFP: youth and families) 24 hours a day, 7 days a week in urgent situations; particularly to be positioned to initiate initial stabilization measures in situations where individuals may be at risk of admission to a higher level of care or other undesirable outcomes. This does not require a 24/7 in person mobile response. There should be a robust plan in place for the individual prior to any crisis, in case a crisis occurs. There should be a list of individuals the individual/family may contact prior to a 24/7 agency phone line. It is the provider's responsibility to have some after hours safety net available, and documented in policy, to support individuals (and youth and families) should the robust plan and alternative contacts not effectuate stability.

May an agency submit a proposal for both the youth and adult RFP?

Yes, you may submit proposals for both RFPs.

Appendix E asks for the Site Visit from OMHC, what if we don't have the identified documentation?

Please provide a written explanation of why you do not have it and provide other site visit reports as able/applicable (e.g. Mental Health Case Management, PRP, Accreditation, etc.).

May we submit the proposal through a ZIP file?

You may submit the proposal through a ZIP file. However, it is preferred you send PDF files in multiple emails and send a follow up email confirming BHSB has received your proposal.

May I mail a hard copy submission?

No, we only take electronic submissions.

End of Questions and Answers