



REQUEST FOR PROPOSALS:

Electronic Pill Dispenser Project – Deadline Extension

Release Date: March 24, 2021

Pre-Proposal Conference: March 31, 2021

Proposal Due: ~~April 23, 2021~~ May 21, 2021

Anticipated Contract Start: ~~June 2021~~ July 2021

Issued by:

Behavioral Health System Baltimore, Inc.
100 South Charles Street, Tower II, 8th Floor
Baltimore, Maryland 21201

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REQUEST FOR PROPOSALS

Electronic Pill Dispenser Project

I. Overview of the Project

A. OVERVIEW OF BHSB

BHSB, the local behavioral health authority for Baltimore City, is a non-profit organization that manages the public behavioral health system. In this capacity, BHSB oversees a network of predominantly private, non-profit providers that deliver services to over 74,000 Baltimore City residents. BHSB partners closely with Baltimore City and the State of Maryland to build an efficient and responsive system that comprehensively addresses mental illness and substance use and meets the needs of the whole person.

BHSB is committed to enhancing the behavioral health and wellness of individuals, families, and communities through:

- The promotion of behavioral health and wellness prevention, early intervention, treatment, and recovery;
- The creation and leadership of an integrated network of providers that promotes universal access to comprehensive, data-driven services; and
- Advocacy and leadership of behavioral health-related efforts to align resources, programs, and policy.

BHSB is committed to promoting behavioral health equity in Baltimore City by ensuring that the behavioral health provider network is culturally and linguistically responsive to the diverse populations served; reducing behavioral health care access barriers for populations known to experience discrimination and marginalization; and supporting communities directly to develop services that are responsive to their unique strengths and needs.

B. OVERVIEW OF PROJECT

This project represents an incremental scaling up of an innovation that early experience has indicated can contribute to increased take-home provision (and conversely decreased program reporting), as well as decreased risk of intentional or unintentional methadone diversion and misuse. In addition to improved quality of life outcomes, it is anticipated that this will result in cost offsets such as averted overdose deaths or hospitalizations, the cost of travel to and from the program, and the savings associated with reduced in-program face-to-face dispensing (reduced staff time). The challenges created by the COVID-19 pandemic related to the overall operations, treatment planning, and delivery of care in Opioid Treatment

Program (OTP) settings, particularly methadone take-home dosing, has also highlighted the need to have enhanced tools to support monitoring and the self-management of take-home doses effectively. This will be an opportunity to demonstrate how the use of this technology may be scaled up locally, statewide, or even nationally.

The purpose of this RFP is to select up to eight Opioid Treatment Programs (OTPs) to pilot the use of electronic pill dispensers to help consumers manage take-home doses of methadone. Selected OTPs will be provided grant funds to reimburse the costs of monthly monitoring fees of the pill dispenser vendor and will engage in training and technical assistance provided by Johns Hopkins Medicine to implement the electronic pillboxes within their programs. Funds will also be used for .1 FTE nursing staff.

C. SCOPE OF SERVICE

This pilot program addresses the growing conflict over extended use of take-home doses of methadone and the ability of consumers to effectively self-manage methadone. The implementation of an electronic pill dispenser will enable a safe and secure means for dispensing take-home doses. Two programs in Baltimore City associated with Johns Hopkins Medicine have already deployed a limited number of these dispensers, and the goal is to expand the number of OTPs testing this product to determine whether it would be an effective way of expanding the capacity of OTPs to monitor take-home medication.

The electronic pill dispenser is a secure electronic lock box with an internal modem that continuously communicates with the remote management program that will be established within the OTP. This eliminates the need for the consumer to have a phone line or internet access. The box secures each day's dose(s) in separate compartments that remain locked until it is time for the consumer to take their medication. At a time of day established by the consumer and OTP, the box unlocks that day's dose compartment and provides multiple visual and optional auditory reminders to take the dose. The box will automatically contact the OTP if the dose is not removed from the box during that time. The box will also automatically contact the OTP to inform of any attempts, by anyone, to forcibly access medication in other trays (for other days).

Training and Technical Support

Electronic pillboxes have not been widely deployed within OTP settings to dispense methadone take-home doses, and the technical support staff available for most of the pillbox manufacturers have little to no experience on the use of their pillbox in an OTP setting. Therefore, Johns Hopkins Medicine will provide training and ongoing technical support that selected OTPs are expected to participate in as part of this

pilot. The initial training will be provided in stages, two to four OTPs at a time, on a staggered schedule (i.e., not all at once).

Johns Hopkins Medicine staff will also provide technical support to all of the selected OTPs upon completion of the initial training. It is projected that technical support services will be provided for an average of three hours per week for each of the eight participating OTPs over the first 12 months of the project.

Evaluation

This project represents a phasing-in of an innovation that early experience has indicated can contribute to increased take-home provision (and conversely decreased program reporting), as well as decreased risk of intentional or unintentional methadone diversion and misuse.

Due to the importance in demonstrating how the use of this technology may be scaled up locally, statewide, or even nationally and the need to plan for the project's sustainability, there will be an evaluation component to this project. The evaluation will include data collection such as pillboxes deployed, methadone dispensed via pillboxes, incidents of and reasons for being removed from pillbox dispensing, and adverse occurrences such as overdoses, loss or damage of pillboxes. These data, when combined with costs of deploying and maintaining the pillboxes, may be used to make a case for a favorable cost-benefit analysis, if associated with possible cost offsets such as averted overdose deaths or hospitalizations, the cost of travel to and from the program, and the savings associated with reduced in-program face-to-face dispensing (reduced staff time). Selected OTPs are expected to participate in data collection and all other evaluation activities.

D. FOCUS POPULATION

The focus population for this project are licensed Outpatient Treatment Providers actively providing methadone assisted treatment in Baltimore City.

E. STAFFING REQUIREMENTS

Selected OTP's may use grant funding to support 0.1 FTE of their existing nursing staff to lead the coordination of implementing the boxes. This position should have a minimum of LPN licensure.

F. FUNDING AVAILABILITY

Each selected OTP will be awarded \$3,434 per month for expenses through 09/30/21~~06/30/21~~. This would support the implementation of up to 30 pillboxes at an estimated monthly cost of \$35 per box; and .1 FTE nursing staff. ~~Selected~~

~~programs will be eligible to renew contracts for the period of 07/01/2021–09/30/2021 based on funding BHSB has already been awarded. Future award amounts will be adjusted to adequately cover the above expenses for the time period of that award.~~

Additional funding beyond this initial period is subject to the renewal of Behavioral Health Administration funding for this project. There is a pending request for an additional year of this funding through SAMHSA that includes support for this project.

This funding covers the monthly monitoring fees of the pill dispenser vendor as well as .1 FTE nursing staff. Selected OTPs are expected to participate in training, technical assistance, and evaluation activities.

F. CONTRACTING WITH BHSB

Applicants selected through this process will enter into a contractual agreement with BHSB. Following a notification of selection, BHSB will issue a Letter of Award that provides details about the contract and the process for executing it. Selected organizations will be required to submit a new budget on BHSB's budget form, which will be reviewed for allowable costs under the grant.

Please note that applicants may be asked to change their budgets and/or details of their proposals even if the proposal were selected for funding. Applicants new to BHSB's contract process are encouraged to review relevant forms available on our website here: <https://www.bhsbaltimore.org/for-providers/forms-for-providers>.

Contract Type and Payment

BHSB issues several types of contracts with different payment mechanisms based on the requirements of the funding source. The contract that will result from this procurement is described below. Applicants are encouraged to consider whether their organization will be able to operate with this payment mechanism before applying for these funds.

- Cost Reimbursement – Actual Expenditures
 - Vendor receives payment after costs are incurred and reported. Payment is based on the costs reported for a specific period.
 - that includes an hourly consultant rate and the estimated number of hours it will take to complete the scope of work.
 - Payment is based on the costs reported for a specific period (e.g., hourly rate x # of hours worked that month).

BHSB issues payments once per month. Applicants should note that submitting required documents and reports late can result in delayed payment.

Contract Monitoring and Technical Assistance

Selected applicants will be required to submit regular Program and Financial reports to BHSB using an electronic contract management application. BHSB will review these reports to monitor progress and contract compliance throughout the contract term.

Program Reports include an update on progress toward deliverables (e.g., number of people served, number of services delivered, etc.). Some program reports may also require organizations to attach a data report with additional information (e.g., consumer demographic information, process and/or outcomes data, etc.). BHSB monitors progress on these reports throughout the contract term and may offer technical assistance and support if deliverables are not being met.

In addition to the above program reporting, all providers receiving this funding will be required to complete the Government Performance and Results Acts assessment (GPRA). Selected providers will receive training and work with BHSB to determine deliverables.

Financial Reports are required to generate payment and involve submitting actual expenditures or invoices (depending on the contract type) and to monitor spending compared to the budget or award amount. If organizations are spending more or less than expected awarded throughout the contract term, BHSB may offer technical assistance and support to ensure the funding covers the contract term fully and may reduce funding if all funds are not likely to be expended by the end of the contract term.

Please note that submitting Program or Financial Reports late can result in delayed payment.

Verification of Services

BHSB audits all contracts to review whether the requirements set forth in the contract were completed as reported and that relevant federal, state, and local regulations were followed. This generally occurs after the conclusion of the contract period. Audits may be conducted remotely through a review of documents submitted to BHSB or on-site at the organization's location.

Applicants should be aware of best practices in documenting both programmatic and financial activities to aid in an efficient audit.

II. Overview of RFP

A. PURPOSE OF RFP

The purpose of this RFP is to select up to eight Outpatient Treatment Programs (OTPs) to pilot the use of electronic pillboxes for medication assisted treatment. Selected programs will also engage in the training and technical assistance provided by Johns Hopkins Medicine to implement the electronic pillboxes within their programs as well as evaluation activities.

B. APPLICANT ELIGIBILITY

Applicants must meet all of the criteria outlined below to be considered eligible to be selected through this RFP process:

- Licensed Opioid Treatment Programs operating in Baltimore City
- In Good Standing with the State of Maryland (certification of Good Standing can be obtained through the Department of Taxation website.)

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Release Date:	March 24, 2021
Pre-Proposal Conference:	March 31, 2021
Proposal Due:	April 23, 2021 <u>May 21, 2021</u>
Anticipated Contract Start:	June <u>July</u> 1, 2021

2. Pre-Proposal Conference

Date: March 31, 2021

Time: 10 AM

Location: [Virtual Meeting Via Teams](#) (click on this link to open the meeting)

Please see the Question & Answer document posted on BHSB's website: <https://www.bhsbaltimore.org/for-providers/funding-opportunities/>

If you have issues accessing the meeting, please contact procurements@Bhsbaltimore.org

Attendance by applicants is **strongly recommended**. Applicants who will not be attending the pre-proposal conference may submit questions by email to Jennifer Glassman by the close of business on. RSVPs are not required, and a phone line will not be provided.

Questions posed prior to or during the pre-proposal conference and BHSB's responses will be posted on BHSB's website at www.bhsbbaltimore.org by **April 9, 2021**. Additionally, the questions and answers will be emailed to all individuals who either attended the pre-proposal conference or submitted questions.

Questions received after the conference will not be considered or responded to.

3. Proposal Due Date, Time, and Location

BHSB uses Survey Monkey Apply (SM Apply) to manage applications. All proposals must be submitted through this system. Applicants must register with the system ahead of time and submit narrative and supporting documents directly through the system. You are able to save your application and continuing working on it before submitting it. BHSB encourages all applicants to test this system well in advance of submitting proposals.

Applicants can access SM Apply here: <https://bhsb.smapply.org/>

All proposals must be received no later than **12:00 pm (noon) EST on April 23, 2021**. All submitted proposals become the property of BHSB. If you are having technical troubles related to submitting your proposal, contact BHSB before the due date/time at Procurements@BHSBaltimore.org

Proposals submitted after the due date/time will not be considered.

4. Authorized Contact

Applicants are advised that the authorized contact person for all matters concerning this RFP is Jennifer Glassman whose contact information is listed below.

Jennifer Glassman, Procurement Lead/ Special Projects Coordinator
Behavioral Health System Baltimore
100 South Charles Street, Tower II, 8th Floor
Baltimore, MD 21201
Email: Procurements@BHSBaltimore.org

5. Anticipated Service Term: ~~FY2021: June 01, 2021—June 30, 2021;~~
FY2022: July 01- September 29, 2021, with options to renew annually pending availability of funding and performance. As described above in the Funding Availability section, BHSB has been awarded this funding initially through September 2021 and this project is included in a pending request for federal funding that would continue support at least through September 2022.

D. AWARD OF CONTRACT

The submission of a proposal does not, in any way, guarantee an award. BHSB is not responsible for any costs incurred related to the preparation of a proposal in

response to this RFP. BHSB reserves the right to withdraw an award prior to execution of a contract with a selected applicant in BHSB's sole and absolute discretion.

BHSB will select the most qualified and responsive applicants through this RFP process. BHSB will enter into a contract with selected applicants following the notification of award. All selected applicants must comply with all terms and conditions applicable to contracts executed by BHSB.

E. RFP POSTPONEMENT/CANCELLATION

BHSB reserves the right to postpone or cancel this RFP, in whole or in part.

F. APPLICANT APPEAL RIGHTS

Applicants may file an appeal to the Procurement Lead within five days of notification of non-award. The Procurement Lead will review the appeal, examine any additional information provided by the protesting party, and respond to the protestor within ten working days of receipt of the appeal.

III. Format and Content of Proposal

A. PROPOSAL INSTRUCTIONS

Applicants must submit all required information using Survey Monkey Apply (SM Apply) accessible here: <https://bhsb.smapply.org/>.

Late proposals will not be considered.

It is the policy of BHSB to adhere to the rules and regulations in the Health Insurance Portability and Accountability Act (HIPAA). We do not anticipate that any proposal submitted in response to this RFP would include individually identifiable health information. However, if it does, please remember that protected health information (PHI) needs to be secured via encryption and should adhere to the Guide to IT Privacy and Security of Electronic Health Information: <https://www.healthit.gov/topic/privacy-security-and-hipaa/health-it-privacy-and-security-resources-providers>.

B. PROPOSAL NARRATIVE OUTLINE AND RATING CRITERIA

The outline below shows the information being requested for applications and how points will be awarded during the review. Use SM Apply to submit your responses. See the instructions for more information about how to submit proposals.

1. Organizational Background and Capacity (up to 15 points)

- a. Provide an overview of your organization; including how long it has operated Medication Assisted Treatment with methadone, mission and overall purpose. Attach all relevant licenses and certifications.
- b. Describe your organization's experience managing other innovative practices within your program's services and capacity to manage the programmatic and financial requirements of this grant.
- c. Describe whether your organization is owned and/or led by members of historically marginalized or oppressed groups, including racial and ethnic groups (i.e., African American/Black, Latinx), LGBTQ communities, women, etc. BHSB awards additional points to help address systemic barriers that have led to inequity in access to funding.

2. Service Delivery (up to 10 points)

- a. Describe why your program is interested in implementing this project within your current service delivery.
- b. Describe your program's interest in and willingness to participate in all training, technical assistance, and evaluation activities outlined in the Scope of Work section of this document.

3. Staffing Plan (up to 5 points)

- a. Describe the credentials and experience of the staff from your program who would be responsible for engaging in the training and technical assistance and the implementation of the electronic pillboxes.

4. Program Evaluation and Quality Assurance (up to 5 points)

- a. Describe your willingness and ability to participate in the evaluation described in the RFP.

5. Program Budget (up to 5 points)

- a. Include a budget plan that incorporates the proposed nursing staff to be supported by this RFP and include a brief description of their current roles and responsibilities within the program.

6. Appendices

- Licenses/certifications/approval letters
- Most recent OHCQ or Accrediting Organization site visit report, including statement of deficiencies
- Most recent Financial Audit and Management Letter, if applicable (or an explanation if this is not applicable)
- Most recent IRS 990 – Return of Organization Exempt from Income Taxes, if applicable (or an explanation if this is not applicable)
- Certificate of Good Standing from the Maryland Department of Assessments and Taxation