



## **REQUEST FOR PROPOSALS (RFP): *Pill Dispenser Project***

Pre-Proposal Conference Held: March 31, 2021 | 10 AM  
Behavioral Health System Baltimore  
100 South Charles Street, Tower II, Floor 8  
Baltimore, Maryland 21201

### **BHSB Facilitators:**

Jennifer Glassman, Procurement Lead  
Shanna Borell, Special Projects Manager  
Mark Slater, Director of Rehabilitation and Treatment  
Kisha Winston-Watkins, Associate Director of Adult Services  
Ken Stoller, Project Consultant, Johns Hopkins Hospital  
Robert Brooner, Project Consultant, Johns Hopkins Hospital

BHSB staff provided an overview of BHSB's role in the public behavioral health system in Baltimore City, the procurement process, and some contracting details related to this project.

BHSB staff provided an overview of the project along with two Project Consultants from Johns Hopkins Hospital, where an electronic pill dispenser has been used and evaluated for many years. These consultants will provide technical assistance to selected applicants.

## **QUESTIONS AND ANSWERS**

Posted: April 7, 2021

**The RFP says the contract is initially just through July. Does that mean we would be reimbursed up to the amount listed just for this time period?**

That is correct. For applicants selected, a second contract will be issued for the time period of July 1, 2021-September 29, 2021 that will include sufficient funding to cover all the costs outlined in this RFP for that time period. It is expected that an additional year of funding will also be made available to begin September 30, 2021 through September 29, 2022.

**It looks like the total number of points awarded for this RFP is up to 40, is that correct? It isn't out of 100 points?**

That is correct.



**Can you provide more information about the Government Performance and Results Act (GPRA) reporting requirements? This reporting process can be burdensome without financial support, is there a possibility to include funding to support this task?**

The GPRA assessment helps SAMHSA to determine populations served and passes this information along when they are going before Congress to request treatment funding. Each provider will be given training on the GPRA evaluation and how to upload the documents into RedCap, a confidential data system. It is expected that each consumer be provided an opportunity to complete the GPRA. Although it is completely voluntary, SAMHSA has a target of 80% GPRA completion rate. Consumers are provided a \$30 gift card for the 6 month follow up GPRA that is conducted by the BHA data evaluation team at the University of Maryland.

**Do the boxes only hold Methadone tablets, or can it hold liquid medication as well?**

The box that Johns Hopkins Hospital has been using, which can be viewed at MedMinder.com, only holds the tablets. There were concerns at the beginning of the project that patients would not want to switch from liquid to tablets, but in their experience implementing the project, there have only been a small number of patients who want to switch back to the liquid after trying tablets.

**How does the timer work? Do the nurses set the timer?**

The nurses are typically responsible for registering and assigning specific boxes to patients, educating them on how to use it, demonstrating it, overseeing the loading of the medication into the box, and covering the phone line to answer questions. The pill boxes are typically loaded for whatever interval is most appropriate for the patient – could be 28 days with the box completely filled, could be 14 days with just half the box filled, etc.

Programming the pill box to set the timer happens separately through the portal, which you could have the nurses complete, or it could be someone else assigned to that task as well. The pill box does not need to be nearby for this step. The timer is set through the computer portal, which the patient does not have access too nor do they need to have any kind of additional device, such as a smart phone, to use the pill box.

**How often does the pill box fail to open properly?**

Johns Hopkins has experience with how to handle pill boxes not opening correctly and can provide technical assistance to selected applicants. In general, this does not happen very frequently. The pill box can be opened remotely, which is most often what needs to happen. Occasionally the pill



box gets dropped and the opening mechanism can get misaligned. We have experience with how to suggest opening it when this happens.

What happens more often than that, is that patients miss a dose because they got delayed with something, so they miss when the pill box was opened. In this case, it can be opened remotely. Occasionally the pill boxes will run out of power if they were left unplugged, but once it is plugged back in, it will work. They do have batteries, but charging is required.

**It sounds like this would not work well for people who are homeless?**

Correct, it would not be recommended for someone who does not have a home. It does work well for people in a variety of recovery home settings but is not best suited for someone without some kind of housing.

**Does the Drug Enforcement Administration (DEA) support this product?**

Yes, the DEA is familiar with this type of product and supports its use both locally and in their central office in DC.

**Do providers have to find their own vendor, or do we have to use the MedMinder product?**

We strongly encourage using the MedMinder product because it is what Johns Hopkins has the most experience with and will be able to best support the implementation of. However, if applicants have other vendors they would like to use, BHSB will work with you on that.

**Do pill boxes get lost or stolen?**

Johns Hopkins has not had any pill boxes get lost or stolen. It was a concern initially, but it has not happened.

**End of Questions and Answers**