



# **REQUEST FOR PROPOSALS:**

## ***Care Coordination for Children & Adolescents***

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**Issued by:**

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# REQUEST FOR PROPOSALS

## ***Care Coordination for Children & Adolescents***

### **I. Overview of the Project**

#### **A. OVERVIEW OF BHSB**

Behavioral Health System Baltimore, Inc. (BHSB) is a non-profit organization tasked by Baltimore City to manage the city's public behavioral health system. As such, BHSB serves as the local behavioral health authority for Baltimore City. In this role, BHSB envisions a city where people live and thrive in communities that promote and support behavioral health and wellness.

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**

Through this Request for Proposals (RFP), BHSB is seeking qualified organizations to provide Child and Adolescent Targeted Case Management/Care Coordination services for eligible youth residing in Baltimore City. This includes children under 18, young adults up to 22, and their families.

Care Coordination allows for a multi-level continuum of treatment management using a System of Care (SOC) practice model that provides a comprehensive, holistic, youth, and family-driven approach to working with young people experiencing serious mental health or behavioral challenges. The multi-level continuum of care provides care coordination to this population and their families based on their assessed level of need.

Care Coordinators facilitate transitioning youth from psychiatric inpatient, diagnostic, or Residential Treatment Center (RTC) placements back into their homes and communities. They provide intensive support to youth and their families to help young people remain in their homes or current residences, and they adjust the level of care provided based on needs and progress. This coordination process includes a child and family team that includes family members of the young person, the family's social support network, agency representatives, and service providers.

BHSB is committed to selecting case management providers that are particularly dedicated to providing high quality, equitable, culturally, and linguistically competent care that is responsive to the diverse needs of vulnerable populations. Providers will need to meet or exceed the Federal and State Medicaid standards for Targeted Case Management: Care Coordinator services; adhere to the Code of Maryland Regulations (COMAR) pertaining to Mental Health Case Management: Care Coordination, including but not limited to Section 10.09.89-90; and fulfill the requirements of BHSB as set forth in this procurement.

The Maryland Department of Health (MDH) requires that Local Behavioral health Authorities reprocure for Targeted Case Management: Care Coordination providers every 5 years. MDH has several changes under consideration with respect to the regulation, accreditation, and oversight of community behavioral health providers. As such, the selected applicant(s) agrees to adhere to all existing and future regulatory requirements, directives, policies, and protocols pertaining to mental health case management issued by the Department or its designee.

Based on the prevalence data around mental illness in the city and to reach a level of use comparable to the statewide average, BHSB has identified a need for increased utilization of these care coordination services in Baltimore City. In FY 2022, 75,758 youth aged 0-17 in Maryland received mental health services through the Public Behavioral Health System (PBHS). Of those youth, 1,907 received CCO services, just 2.6% of the total served through the PBHS. In Baltimore City, 19,705 youth received assistance through the PBHS in FY 2022, with 193 children receiving CCO services, just under 1% of the total.

BHSB is committed to increasing the utilization of CCO services for improved outcomes for at-risk youth and families entering or involved in the PHBS in Baltimore City. In an effort to align the utilization of Targeted Case Management: Care Coordination services with the high prevalence of mental health symptoms and risk factors among Baltimore City youth, BHSB is providing education across systems to support the connection of youth and families to CCO services.

BHSB will contract with eligible organizations to serve a minimum of 50 youth and families per provider. Awards will be determined by the number of youth and families each applicant plans to serve to meet the goal of serving a total of 550 youth and families annually across Baltimore City. This procurement approach allows for both large and small organizations with different service capacities to apply to provide Targeted Case Management: Care Coordination services. BHSB's goal is to have an annual increase in utilization of Targeted Case Management: Care Coordination services for the five years outlined in this procurement below.

Fiscal Year	Contract Dates	Length of Contract
FY25	7/1/24-6/30/25	1 year
FY26	7/1/25-6/30/26	1 year
FY27	7/1/26-6/30/27	1 year
FY28	7/1/27-6/30/28	1 year
FY29	7/1/28-6/30/29	1 year

The following System of Care (SOC) principles identify the values and ideals that promote family-driven, youth-guided, strength-based, and sustainable care across the lifespan. These standards are applicable to individuals with both mental health and substance use disorders and address the full spectrum of the behavioral health system for the individual. It is imperative that applicants understand the SOC principles and have plans to operationalize these values in their day-to-day work.

- **Voice and Choice.** Individual adult/youth and family perspectives are intentionally elicited and prioritized during all phases of the process. The process and services (including planning) are grounded in individuals' and families' perspectives, and the team strives to provide options and choices such that the process and services reflect individual and family values and preferences.
- **Team-based.** The team consists of individuals agreed upon by the individual/family and committed to the individual/family through informal, formal, and community support and service relationships. With permission of the individual/family, these support individuals participate in treatment planning, disenrollment/discharge planning, and resource/linkage building while the individual/family is engaged in services.
- **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from individuals'/families' networks of interpersonal and community relationships (including friends, extended family, neighbors, co-workers, church members, and so on). The process

and services (including planning) reflect activities and interventions that draw on sources of natural support.

- **Collaboration and Mutuality.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating individual/family progress while in services by blending perspectives, mandates, and resources to meet each individual's/family's goals.
- **Culturally competent, comprehensive, and individualized.** The process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the individual, and their community. This process is completely unique for the individual and considers their experience and perspective to determine their exact needs. The care coordinator and individual explore a broad range of potential needs (education, training, housing, social, spiritual, legal, etc.) and the care coordinator maintains an expertise in community resources that assists with each type of need.
- **Strengths-based.** The process and services (including planning) identify, build on, and enhance the capabilities, knowledge, skills, and assets that the individual, youth, or family possesses.
- **Resilience.** A team does not give up on, blame, or reject individuals, youth, or family. This process honors that all individuals have the capacity to learn, grow and change. The process is unconditional. All the team members and providers assisting the individual will support their resilience. In order to promote resilience, the providers will be trauma-informed/responsive and person-centered.
- **Outcome-based and transparent.** The team ties the goals and strategies of the plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. All aspects of the plan are fully explained to the individual to ensure the individuals' choices remain prioritized. The individual always has access to the current version of the plan and is empowered to request revisions to the plan.
- **Accessible and equitable.** Services are provided in a welcoming environment that ensures youth and families are well-served regardless of age, race, disability status, gender, sexual orientation, religion, nationality, spoken language or other characteristics. Programs record and analyze enrollment and retention data for disparities.

## C. SCOPE OF SERVICE

The Targeted Case Management: Care Coordination service delivery model is premised upon the individual strengths and needs of each child, adolescent, young adult, and family. In this model, the Child and Family Team (CFT) is accountable to the family, team members, participants, and the public for collaborating and achieving the goals identified in the plan of care (POC). This family-driven, team-based process is intended to inform an approach to care planning and builds on the collective actions of a committed group of family, friends, community, professionals, and cross-system supports mobilizing resources and talents from a variety of sources. Targeted Case Management: Care Coordination focuses on the development of problem-solving skills, coping skills, and self-efficacy of children, youth, and family members.

The goals of this model are to:

- Ensure caregivers and youth have ACCESS to the people, systems, and processes in which decisions are made about care, as well as access to needed resources and services.
- Ensure the family VOICE and CHOICE are the core of all treatment planning and decision-making.
- Ensure the family has OWNERSHIP of the planning process in partnership with the team and is in agreement with and committed to engaging in the goals identified in the treatment plan.

In order to attain these goals, the core components of Targeted Case Management: Care Coordination Services include, but are not limited to:

- a comprehensive assessment to determine individual strengths and needs using the Child and Adolescent Needs and Strengths assessment (CANS);
- development of an individualized, person/family-centered plan of care with the individual, family, and significant others;
- facilitation of the Child and Family Team (CFT) process, linkage to community resources including housing;
- assistance in securing entitlements and benefits;
- linkage to behavioral and somatic health care;
- assistance in developing social support systems;
- monitoring of engagement in agreed upon services and supports; and
- advocacy on behalf of the individual/family.

As soon as youth are enrolled in services, programs must be actively working to promote the child's and their family's long-term stability. This can be completed through strength-based engagement, identifying, and utilizing natural supports, building the child and family team, and linking the youth and family to

sustainable formal and informal resources. Programs should assist youth, families, and their teams in identifying strengths, skills, and ongoing resources to address needs with the eventual goal of successfully transitioning individuals to a lower level of care.

It is through the guiding System of Care principles that the Targeted Case Management providers selected through this procurement will provide services through the Medicaid reimbursement system as outlined in COMAR 10.09.89-90.

The training series for the Targeted Case Management: Care Coordination model is available through [MD-YCC-Training-Requirements-2022\\_0803-\(1\).pdf \(schoolmentalhealth.org\)](#). All Care Coordinators and Care Coordinator Supervisors are required to complete this training series within two weeks of hire. Annual certification related to the CANS assessment tool is also required for all Care Coordinators and Care Coordinator Supervisors and is available without cost [CANS Training Website Registration - Updated July 2018.pdf - Google Drive](#).

Due to the unique needs of Baltimore City residents as well as the unique opportunities available in Baltimore City, BHSB has additional requirements not specified in COMAR. BHSB is committed to promoting integrated behavioral health care. Therefore, Targeted Case Management: Care Coordination providers selected through this procurement will be required to screen for substance use and provide linkages to appropriate care for assessment, diagnosis, treatment, and recovery supports. When appropriate, consumers with co-occurring mental health and substance use disorders must be referred to treatment providers using an integrated behavioral health treatment model.

In an effort to make the public behavioral health system as responsive as possible to the needs of Baltimore City residents, BHSB expects providers will expand their program staffing to meet the demand, rather than maintaining long wait lists. Part of effectively managing a program's caseload includes working with youth and families to provide sustainable supports that provide stability to a point where case management services are no longer needed.

BHSB expects that Targeted Case Management: Care Coordination service providers will have an easily accessible and flexible referral process. Providers selected through this procurement must develop outreach plans to market these services to systems and organizations that serve youth and families who may benefit. Outreach plans should include residential treatment centers, Baltimore City Department of Social Services, Baltimore City Department of Juvenile Justice, mobile crisis, Baltimore City Public Schools, local inpatient psychiatric units and emergency departments, and other Public Behavioral Health System levels of care.



The providers will utilize a universal referral form, streamlining the process and creating consistency across all Maryland programs. The referral process must be straightforward and convenient, allowing non-professionals such as consumers or family members to refer for services. Consumers must also have opportunities to self-refer.

Please also note consumers currently enrolled in Targeted Case Management: Care Coordination programs operated by existing providers not selected through this procurement must be given priority for admission by providers selected through this procurement.

For uninsured eligible youth, providers are expected to assist the guardian/legally authorized representative with applying for Medicaid as soon as clinically possible. Providers will also facilitate access to all benefits and entitlements for which the individual may be eligible, including but not limited to Medical Assistance, Medicare, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Nutrition Assistance Program (SNAP), Supportive and Subsidized Housing, and Temporary Cash Assistance (TCA). Programs shall assist eligible youth and families to identify strengths, skills, and resources to address their basic needs while connecting them with services including mental health treatment, rehabilitation, and ancillary services, and mobilizing community support.

The Maryland Department of Health has directed that the selected Targeted Case Management: Care Coordination provider(s) shall:

- Place no restrictions on the qualified participant's right to elect to or decline to receive mental health case management services as authorized by the Department or the Department's designee, or to choose a Care Coordination Organization as approved by the Department or the Department's designee.
- Employ appropriately qualified individuals as Care Coordinators and Care Coordinator Supervisors with relevant work experience, including experience with the populations served by the program, including but not limited to youth with a serious mental health disorder in accordance with COMAR 10.09.89-90.
- Assure that a participant's initial assessment and initial plan of care is completed within the COMAR identified timelines.
- Have formal written policies and procedures, approved by the department, which specifically address the provision of targeted case management:

care coordination services to participants and their families in accordance with these requirements.

- Be available to participants and their families 24 hours a day, 7 days a week to implement developed crisis plans, refer participants to needed services and supports in the case of a psychiatric emergency, and refer to mental health treatment and evaluation services to prevent the participant from requiring a higher level of care.
- Respect the participants' rights to decline case management services and, as applicable, document the participant's decision to decline services in the participant's care coordination record.
- Refrain from providing other services to participants which would be viewed by the department as a conflict of interest.
- Be knowledgeable of the eligibility requirements and application procedures of federal, state, and local government assistance programs which are applicable to participants and their families.
- Maintain information on current resources for mental health, medical, social, financial assistance, vocational, educational, housing, and other support services.
- Safeguard the confidentiality of the participant's records in accordance with state and federal laws and regulations governing confidentiality.
- Comply with the Department's fiscal reporting requirements and submit reports in the manner specified by the Department.
- Comply with the requirements for the delivery of mental health services outlined by the Department.

**BHSB contract deliverables related to this project:**

1. Maintain full compliance with all relevant regulations, including COMAR 10.09.89 and 10.09.90.
2. Adhere to the requirements outlined in the Baltimore City Care Coordination Organization Guide and notify BHSB of any deviation.
3. Provide consumer-level data every quarter- including, but not limited to # served, # Admissions, # Discharges, # of hospital admissions, # of ER visits, # of RTC admissions, # of Respite referrals, # of school suspensions, housing status, school status, employment status, # of arrests, natural supports involved in service planning, caseload sizes, demographics, outcomes as determined by BHSB.
4. Employ CCO staff in a manner consistent with personnel requirements outlined in all relevant regulations including COMAR 10.09.89 and

10.09.90, fully documenting compliance to regulations in staff personnel records.

5. Attend BHSB Care Coordination provider meetings as scheduled.
6. Track and Provide consumer-level data every quarter (number of unduplicated individuals served.)
7. Track and Provide consumer-level data every quarter (number of referrals received.)
8. Track and Provide consumer-level data every quarter (number of New Admissions.)
9. Track and Provide consumer-level data every quarter (number of Discharge(s)/Disenrollment(s).)
10. Track and Provide consumer-level data every quarter (Current active client census)
11. Provide presentations and distribute marketing materials to stakeholders, providers, and system partners in Baltimore City to increase the awareness of Care Coordination Organization (CCO) services.

**BHSB standard contract deliverables:**

1. Consumer feedback plan.
2. Critical incident reporting.
3. Emergency Preparedness Plan.
4. Staff changes/vacancies reporting.
5. Tobacco/Nicotine Cessation & Tobacco-Free Environments Plan.
6. Safe sleep programming.
7. General progress report including successes, challenges, trauma-responsiveness, equity, etc.

**D. FOCUS POPULATION**

Selected providers shall serve all referred youth and families wanting services who meet financial eligibility requirements and medical necessity criteria set forth in COMAR 10.09.89-90 for Maryland Medical Assistance OR meet uninsured eligibility criteria established by the Behavioral Health Administration within the Public Behavioral Health System.

BHSB also expects providers to prioritize individuals and families who may be particularly vulnerable to adverse outcomes without these services. Giving these individuals and families priority means using best clinical practices identifying and quickly enrolling individuals who may be considered one of these priority populations. Providers should make special efforts to reach out to and enroll

these youth. These populations include, but are not limited to individuals and families who:

- Are not linked to mental health services,
- Are lacking basic needs such as shelter, food, and income,
- Are transitioning from one level of care to another,
- Do not have insurance,
- Are being released from an inpatient psychiatric unit, residential treatment center, residential crisis unit, or hospital emergency department,
- Are involved with, being released from, or being diverted from the Juvenile Justice or Criminal Justice systems,
- Are involved in the Child Welfare system,
- Have co-occurring mental health and substance use disorders, including individuals in all stages of change/recovery,
- Are young people (16+) transitioning from youth services to adult services,
- Are non-native English speakers or individuals with limited English proficiency, making it more difficult to navigate systems, and
- Are identified by the Administrative Services Organization (ASO) or BHSB as a high inpatient user (HIU) or other high priority population.

Please note that uninsured individuals must meet the Behavioral Health Administration's uninsured eligibility criteria. Providers must request uninsured eligibility by submitting the appropriate forms to BHSB. Once uninsured eligibility is approved, preauthorization must be requested through the ASO prior to service provision. Programs should then work to establish benefits for consumers as quickly as possible.

#### **.04 Participant Eligibility — Levels of Intensity 1, 2 and 3.**

A. In addition to meeting the eligibility criteria outlined under Regulation .03 of this chapter, participants shall be classified according to the levels of intensity listed in Regulation .05, 06, or .07 of this chapter, based on the severity of the participant's behavioral health or co-occurring disorder, along with assessed strengths and needs.

B. The Department or its designee shall review participant levels of care to confirm these are appropriate to the participants' needs.

C. Participants may not remain at Level III for longer than 6 consecutive months unless approved by the Department or its designee.

D. All participants shall be classified according to the following levels of service, Targeted Case Management: Care Coordination for Child and Adolescent

programming of the State Plan under chapter XIX of the Social Security Act, as per COMAR 10.09.90 for Levels 1, 2 and 3; [Optum Medical Necessity Criteria](#)

### **10.09.89.03 Participant Eligibility 1915(i).**

A. For an applicant to be eligible for 1915(i) services, the applicant shall meet all of the criteria in §§B—H of this regulation [1915i Eligibility Criteria](#).

B. Targeted Case Management: Care Coordination providers are required to comply with the enrollment process for 1915(i) youth. This includes the coordination of CON documentation with and on behalf of the family, as well as submission of the completed packet to the BHSB and the ASO for eligibility determination.

### **Targeted Care Management (TCM) Plus**

TCM Plus is a program designed by the Behavioral Health Administration (BHA) to support youth and families with risk factors and intensive mental health or substance use issues. TCM Plus offers additional services beyond those provided by standard care coordination. This includes funding for customized goods/services in a Plan of Care that provides a therapeutic benefit and family-to-family peer support. This program provides 100 slots for youth with no insurance or private insurance. Referrals are open on a first-come, first-served basis at the discretion of the BHA.

1. This program is intended to serve two populations of youth:
  - a. Uninsured youth without Medical Assistance (MA) who meet Mental Health Case Management eligibility and TCM Plus eligibility and are interested in participating in the Care Coordination model.
  - b. Youth with Private Insurance who meet TCM Plus eligibility and are interested in participating in the Care Coordination model.
2. Youth and families enrolled in this program will receive the following benefits:
  - a. Peer-to-peer/family support through the Maryland Coalition of Families (MCF)
  - b. Funding for customized goods and services. Customized goods and services must be identified in the plan of care and determined to improve outcomes or remediate a particular and specific need. Examples include but are not limited to summer camp, tutoring, sensory items, skill building games, organizational materials, and STEM toys.

Referrals must meet one of the three following criteria at the time of referral:

1. Child/youth is being discharged from a Residential Treatment Center (RTC) placement with a discharge plan that recommends community-based services, and/or
2. Child/youth is enrolled in a Home and Hospital Program, and/or
3. Child/youth is experiencing a combination of the risk factors listed below and would benefit from cross-discipline and multiple agency resources.

To be eligible, the child/youth must present at least two risk factors listed below. The risk factors listed under "3" are considered different risk factors and can be counted separately.

1. Child/youth has run away from home.
2. Child/youth uses substances illegally.
3. Child/youth has significant behavioral problems at school, which could include the following:
  - a. School suspension(s)/expulsion(s);
  - b. Chronic absenteeism, as defined below:
    - i. Chronic absenteeism is defined as a student absent more than 20% of school days in the last 12 months.
  - c. Academic failure (as defined below); or
    - i. Academic failure is defined as receiving a grade lower than a D as a final grade for any class in any marking period OR receiving an indication that the student is in danger of receiving a grade lower than a D as a final grade for any course.
  - d. Displays school avoidance behaviors (a pattern of avoiding or refusing to attend school), including, but not limited to, complaints of illness that have no medical basis, school phobia or fear, separation/performance/social and other anxieties, absences or tardiness on significant days (tests, assemblies, speeches), excessive worrying, excessive requests to call/go home/visit the nurse's office, crying to go home, etc.
  - e. Significant involvement with school support teams.
4. Child/youth has been arrested or has had previous or continuing involvement with the Department of Juvenile Services (DJS).
  - a. Involvement with DJS includes the following:
    - i. Child/youth who has been through adjudication and may be in pending placement status in a detention facility or the community;
    - ii. Child/youth who is in out-of-home placement in a group home, therapeutic group home, treatment foster care, or Transition Age Youth program;

- iii. Child/youth committed to DJS; or
  - iv. Child/youth who has had a pre-adjudication hearing with DJS.
- 5. Child/youth has failed to complete the terms or conditions of a Teen Court program.
- 6. Child/youth has been a victim of maltreatment which may include the following:
  - a. Abuse;
  - b. Neglect; or
  - c. A witness to domestic violence.

#### TCM Plus Referral and Enrollment Protocol for Youth Without Medical Assistance.

1. Youth are referred using the TCM Plus referral form to BHA for TCM Plus authorization.
2. After reviewing eligibility, BHA authorizes TCM Plus and notifies the appropriate CCO, CSA, and Maryland Coalition of Families.
3. Once a child/youth has been authorized, the CCO will provide care coordination services.
4. As the youth is discharged from services, BHA must be notified immediately so that the new youth may be authorized for services.

### **E. STAFFING REQUIREMENTS**

The applicants should refer to COMAR 10.09.89-90 for the staffing requirements for Targeted Case Management: Care Coordination, including Care Coordinators and Care Coordinator Supervisors. In addition to the requirements set forth in COMAR, programs selected through this procurement will be expected to have robust staff training plans. Employing qualified, highly trained staff is a critical component of Targeted Case Management: Care Coordination due to the diverse needs of individuals in need of services. Particular focus should be given to training staff on obtaining and maintaining entitlements, cultural and linguistic competence, person-centered planning, team-based planning, strengths-based case management, and motivational interviewing. Programs should also provide adequate supervision and coaching of staff.

### **F. FUNDING AVAILABILITY**

BHSB does not provide grant funding for this project. Selected providers will invoice third-party payers including Medicaid, private insurance, and/or uninsured care through the public behavioral health system.

There will potentially be several applicants awarded to provide Targeted Case Management: Care coordination. The number awarded will be determined by the projected number of youth to be served submitted by each applicant with the

goal of serving a minimum of 550 youth and families across Baltimore City. Selected applicants through this procurement shall commit to delivering all levels of care specified in the Scope of Service to both youth Medicaid beneficiaries and uninsured eligible youth. Participating providers, subject to the approval of the Department, shall be reimbursed through the Public Behavioral Health Systems (PBHS) Administrative Services Organization (ASO) for appropriately authorized and documented services to eligible youth in accordance with the tiered reimbursement schedule set forth in COMAR 10.21.25.09 (see below).

- Case Management Service units, for a minimum of 15 minutes of face-to-face and non-face-to-face case management service at a rate of \$41.51 per 15 minutes for:
  - Level I — General Coordination up to 12 units of service per month, with a minimum of two units of face-to-face contact.
  - Level II — Moderate Care Coordination up to 30 units of service per month, with a minimum of four units of face-to-face contact; and
  - Level III — Intensive Care Coordination up to 60 units of service per month, with a minimum of six units of face-to-face contact; and
- For comprehensive assessment and reassessment case management service units, for Level I and Level II only, four additional face-to-face units of service above the monthly maximum may be billed during the first month of service to the participant and every 6 months thereafter.

A transitional authorization of four (4) fifteen (15) minute units, valid for thirty (30) days from request/approval, is available for individuals referred for Targeted Case Management: Care Coordination who are placed in an inpatient program or RTC at the time of referral to assist with engagement and a smooth transition back into the community. The CPT Code for this unit is T1016, Modifier HW.

The provider shall be reimbursed according to the requirements in this chapter and the fees established under COMAR 10.21.25 and the ASO's [FY 2024 PBHS Fee Schedule Eff 7.1.2023.xlsx \(optum.com\)](#). All covered services shall be preauthorized. Before a participant receives case management services, the Behavioral Health Administration, or the Administrative Services Organization (ASO) reviews the authorization request, determines if the participant meets medical necessity criteria, and if the participant meets the criteria, the participant is authorized for case management services. The ASO shall approve and monitor plans of care which designate the level of service to be delivered. Plans of care must be updated to correctly reflect the level of intensity in which the participant is currently enrolled. If it is determined that the provider is failing to provide adequate services as approved in the plan of care, the provider shall be subject to a corrective action plan to remediate the identified deficiencies.

Targeted Case Management: Care Coordination for Children and Adolescents is not a grant-funded service.



## G. QUALITY AND FINANCIAL REVIEW

As part of BHSB's procurement process, internal Quality and Financial Reviews are completed to ensure there are no significant concerns with the organization(s) being selected. Applicants should be sure to provide the most recent available versions of all requested documentation with their RFP application in order to ensure this is a smooth process.

## H. 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. Providers will participate in an onboarding process facilitated through their BHSB contract team.

Contract Type and Payment: Fee for Service - Mental Health Case Management for Adults

### Contract Monitoring and Technical Assistance

Selected applicants will be required to submit regular program reports to BHSB using an electronic contract management system. 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.

### 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 providers to implement Child and Adolescent Targeted Case Management/Care Coordination services for eligible youth residing in Baltimore City.

### B. APPLICANT ELIGIBILITY

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

- Be licensed and accredited under COMAR 10.63.03.04 (Mobile Treatment Service Program), 10.63.03.05 (Outpatient Mental Health Center), or 10.63.03.10 (Psychiatric Rehabilitation Program for Minors), OR have three years of documented experience as a mental health case management: care coordination provider under COMAR 10.09.89-90.
- Have at least 3 years of experience providing mental health services to youth with serious mental illness and their families, including serving high risk and vulnerable populations.
- Have a valid NPI (National Personal Identification) number and be eligible for approval as a Targeted Case Management: Care Coordination provider pursuant to conditions set forth in COMAR 10.09.36.03 and any additional applicable provisions set forth in COMAR 10.09.45 regarding conditions for provider participation in Targeted Case Management: Care Coordination. Applicants must complete Maryland Department of Health enrollment application by May 1, 2024. [MDH Mental Health Case Management Enrollment](#).
- Must be able to bill the PMHS, as evidenced by providing an MA billing number. [Medicaid Billing Enrollment](#).
- Be enrolled as a Targeted Case Management: Care Coordination for Children and Adolescents Provider in the Maryland Medicaid Public Behavioral Health System (PBHS) by May 1, 2024.
- Have a physical site location within Baltimore City by May 1, 2024.
- Enroll in all training courses on care coordination and wraparound principles identified above.

### C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

#### 1. Timeline

Release Date:	November 8, 2023
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Pre-Proposal Conference:	November 16, 2023, at 10 a.m.
Proposal Due:	December 7, 2023, at 12:00 p.m.
Anticipated Award Notification:	February 5, 2024
Anticipated Contract Start:	April 1, 2024

## 2. Pre-Proposal Conference

**Date:** November 16, 2023

**Time:** 10:00 a.m.

**Location:** Microsoft Teams meeting - Join on your computer or mobile app

**[Click here to join the meeting](#)**

**Or call in (audio only):** +1 443-819-0973,,492599669#  
Phone Conference ID: 492 599 669#

*Please join five minutes early to leave time to troubleshoot. If you have any problems accessing the meeting, please contact [Procurements@BHSBaltimore.org](mailto:Procurements@BHSBaltimore.org).*

All questions related to this RFP should be submitted in advance to [Procurements@BHSBaltimore.org](mailto:Procurements@BHSBaltimore.org) no later than the close of business on **November 15, 2023**. There may be time at the end of the meeting to ask additional questions, depending on the number of questions submitted.

Questions posed prior to or during the Pre-Proposal Conference and BHSB's responses will be posted on BHSB's website at <https://www.bhsbaltimore.org/for-providers/funding-opportunities/> by **November 27, 2023**.

The questions and answers will also be emailed to all individuals who submitted questions. If you would like to be emailed this document but do not have a question, please let the Procurement Lead know by emailing [Procurements@BHSBaltimore.org](mailto:Procurements@BHSBaltimore.org).

*Questions received after this conference cannot be answered.*

## 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 December 7, 2023**. 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@BHSBBaltimore.org](mailto:Procurements@BHSBBaltimore.org)

*Proposals submitted after the due date/time cannot be considered.*

#### **4. Interviews**

Applicants whose proposals are ranked highest by a Review Committee may be asked to participate in an interview.

#### **5. Authorized Contact**

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

Kelsi Loos, Procurement Lead

Email: [Procurements@BHSBBaltimore.org](mailto:Procurements@BHSBBaltimore.org)

**6. Anticipated Service Term:** July 1, 2024 – June 30, 2025, with options to renew annually for up to five years pending availability of funding and performance.

#### **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 PROCESS**

Applications must be complete and fully responsive to the below Proposal Narrative Outline and must include all required appendices. Applicants may file

an appeal within five days of notification of non-selection. BHSB will not review new proposal materials that were not included in the application. BHSB will review the appeal letter and respond to the non-selected applicant within ten working days of receipt of the appeal.

## **G. GOVERNING LAW AND VACCINATION MANDATES**

The applicant acknowledges and agrees that BHSB is a federal contractor for purposes of Executive Order 14042, Ensuring Adequate COVID Safety Protocols for Federal Contractors (the "Order"). The applicant and its subcontractors shall comply with the Order and all other applicable mandates, rules, laws, and regulations (collectively, the "Requirements"). Upon request by BHSB, selected applicants shall promptly provide evidence of compliance with the Requirements and shall promptly take such further actions as may be requested by BHSB with respect to the Requirements and/or the resulting Contract. The applicant and all of its subcontractors shall, for the duration of the resulting Contract, comply with all guidance for contractor and subcontractor workplace locations published by the Safer Federal Workforce Task Force. These requirements shall be incorporated into all subcontracts of Sub-Vendor.

### **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 (25 points)**

- a. Provide an overview of your organization's behavioral health programming, including how long it has operated, and been licensed to provide targeted case management in any jurisdiction or expects to receive licensure. Attach as an appendix all relevant licenses and certifications.
- b. Describe your organization's ability to access third-party reimbursement, particularly Medicaid, for behavioral health services.
- c. Provide a narrative demonstrating at least 3 years of the organization's history and experience, including whether you have provided care coordination services previously in Baltimore City or another jurisdiction, provided behavioral health services to high-risk youth with serious mental illness and their families, including evidence-based practices used.
- d. Describe your organization's history forming partnerships with behavioral health organizations and system partners. Attach two letters of support that demonstrate this type of partnership in the appendix.

- e. 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), LGBTQIA communities, people with disabilities including behavioral health disorders, etc. BHSB awards additional points to help address systemic barriers that have led to inequity in access to funding.

## **2. Principles and Values (10 points)**

- a. Describe how your organization's current practices ensure services are delivered in a culturally and linguistically competent manner, responsive to the diverse communities served, including individuals for whom English is a second language.
- b. Describe your organization's commitment to racial and social justice and health equity. Include specific examples of what your organization does to illustrate this commitment.

## **3. Service Delivery (25 points)**

- a. Provide a narrative of your organization's plan to provide all services outlined in the Scope of Service section of this RFP. Include your program's proposed capacity of number of youth and families to be served annually and your plan to increase utilization across the five-year procurement time frame.
- b. Describe your organization's ability to successfully implement evidence-based trauma-responsive services, how you will use these interventions within the program, and maintain fidelity to the standards model.
- c. Describe your organization's plan to implement person/family-centered services and treatment planning, to include support of behavioral health needs (mental health/substance use disorder treatment), medical needs and other identified areas of needed support to ensure overall wellbeing.
- d. Describe how your organization will collaborate with providers, system partners and the public school system to identify and engage individuals in need of services and ensure that all individuals referred will, with consent, be linked to and/or receive needed services.
- e. Describe how your organization will facilitate effective transitions from one level of care to another.

## **4. Staffing Plan (10 points)**

- a. Describe your proposed staffing pattern, including supervisors, and how it will fulfill the staffing requirements in this RFP. Include an



organizational chart that shows how this program will fit into your organization's overall structure.

- b. Describe your proposed training plan for staff assigned to this program and indicate any relevant expertise, training, and/or skills staff already possess.

**5. Effectively Serving the Focus Population (10 points)**

- a. Describe your organization's history and expertise in serving the focus population of this RFP.

**6. Program Evaluation and Quality Assurance (10 points)**

- a. Describe how your organization obtains and incorporates feedback from people served and other stakeholders into the development, implementation, operation, and improvement of program services.
- b. Describe any previous experience your organization has implementing projects similar to this one. Were you able to meet all of the programmatic and financial deliverables and reporting requirements? If there were any quality concerns, how were they addressed?

**7. Implementation Timeline (5 points)**

- a. Provide a detailed timeline for implementation that includes all of the activities that you have committed to perform in your proposal. Show an outline of all the steps necessary to fully operationalize this project and by when each step would be completed. Contracts are expected to start on July 1, 2025.

**8. Appendices**

- Copies of all relevant licenses/certifications including any licenses issued by Maryland Department of Health (BHA and OHCQ).
- Most recent site visit report from the ASO, Accrediting Organization, and/or the Office of Health Care Quality (OHCQ), including any statements of deficiencies and program improvement plans
- Organizational Chart
- Most recent final Financial Audit package including Findings and Management Letter from an independent auditor (preferred) OR a recent unaudited Income Statement AND Balance Sheet, if an audit is not available.
- Most recent IRS 990 – Return of Organization Exempt from Income Taxes or the most recent Business or Personal Tax Return if an IRS 990 form is not required to be filed
- Certificate of Good Standing from the Maryland Department of Assessments and Taxation (screenshots from the MDAT website will not be accepted)
- Copy of lease or deed

- Copy of Fire Inspection Certificate
- Use and Occupancy Certificate
- Two Letters of Support
- Letter confirming valid NPI (National Personal Identification) number
- Certificates confirming Care Coordination Training
- Letter confirming enrollment as a Targeted Case Management: Care Coordination for Children and Adolescents Provider