



REQUEST FOR PROPOSALS:

Mental Health Case Management for Adults

Release Date: November 8, 2023

Pre-Proposal Conference: November 17, 2023, at 10 a.m.

Proposal Due: December 7, 2023, at 12:00 p.m.

Anticipated Award Notification: February 5, 2024

Anticipated Contract Start: July 1, 2024

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

Mental Health Case Management for Adults

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 procurement, BHSB is seeking approximately ten qualified organizations to provide Mental Health Case Management for Adults in Baltimore City. Case management services play an integral role in assisting individuals with navigating complex public systems. Specifically, these services assist consumers with identifying and enrolling in needed behavioral health care, obtaining benefits and entitlements, and assuring that needed support is in place to help people thrive in their communities.

Selected applicants will provide Mental Health Case Management for Adults in Baltimore City. These services will include assisting consumers with identifying and

enrolling in needed behavioral health care, obtaining benefits and entitlements, and assuring that needed support is in place to help people thrive in their communities.

BHSB has identified the following System of Care (SOC) Principles that promote supportive, strengths-based, and sustainable care for the whole lifespan. These standards are intended to be applicable for individuals with both mental health and substance use disorders as primary diagnoses 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 what their exact needs are. The case manager and individual explore a broad range of potential needs (education, training, housing, social, spiritual, legal, etc.) and the case manager 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 already possesses.
- **Resilience.** A team does not give up on, blame, or reject individuals, youth, or families. This process honors that all human beings have the capacity to learn, grow and change. Individuals have the right to try, and they have the right to fail. The process is unconditional. All the supporters assisting the individual will support their resilience. 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 and through a low-barrier process that ensures people 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.

SCOPE OF SERVICE

Through this procurement, BHSB is seeking approximately ten qualified organizations to provide Mental Health Case Management for Adults in Baltimore City. Case management services play an integral role in assisting individuals with navigating complex public systems. Specifically, these services assist consumers with identifying and enrolling in needed behavioral health care, obtaining benefits and entitlements, and assuring that needed support is in place to help people thrive in their communities.

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 Mental Health Case Management services; adhere to the Code of Maryland Regulations (COMAR) pertaining to Mental Health Case Management, including but not limited to Section 10.09.45; and fulfill the requirements of BHSB as set forth in this procurement.

The main goals of Mental Health Case Management for Adults are to improve the overall quality of the lives of consumers served and to promote their long-term

recovery. A primary focus of these services is to prevent homelessness and incarceration, divert individuals from unnecessary inpatient and emergency room use and institutional levels of care, wherever possible, and increase community stability and tenure through referral to and engagement in behavioral health treatment and support services.

In order to meet these goals, the core components of Mental Health Case Management services include, but are not limited to:

- A comprehensive assessment to determine individual strengths and service needs,
- Development of an individualized, person-centered plan of care with the individual to address all identified areas of need across multiple life domains (e.g., family, housing, social, education/vocational, medical, community, psychological/emotional/behavioral, safety, etc.) and,
- With informed consent, their family and significant others; 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.

As soon as consumers are enrolled in services, Mental Health Case Management programs must be actively working to promote consumers' long-term stability. This can be completed through strength-based engagement, identifying, and utilizing natural supports, building a team, and linking consumers to sustainable resources. Programs should assist consumers in identifying strengths, skills, and ongoing resources to address needs with the eventual goal of successfully transitioning consumers to a lower level of care.

It is through the guiding System of Care principles that the Mental Health Case Management providers selected through this procurement will provide the following services through the Medicaid reimbursement system as outlined in COMAR 10.09.45.06. [Pages - 10.09.45.06.aspx \(maryland.gov\)](#) Please refer to this section of COMAR for the full description of each of these services.

- Comprehensive Assessment and Periodic Reassessment
- Development and Periodic Revision of a Specific Care Plan
- Referral and Related Activities
- Monitoring and Follow-Up Activities
- Participant Advocacy

Two levels of Mental Health Case Management services exist to best meet individuals' needs. Level I is considered "general," and Level II is considered "intensive." Consumers are provided services under one of these classifications

based on the medical necessity criteria outlined in Optum Health Manual:
<https://maryland.optum.com/content/ops-maryland/maryland/en/bh-providers/manual.html>

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 whenever possible. Therefore, Mental Health Case Management for Adults 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. Whenever available, consumers with co-occurring mental health and substance use disorders must be referred to treatment providers using an integrated behavioral health treatment model.

To make the public behavioral health system as responsive as possible to the needs of Baltimore City residents, BHSB expects providers will expand their programs to meet the demand, rather than maintaining wait lists with long wait times. Part of effectively managing a program's caseload includes working with consumers to improve stability to a point where case management services are no longer needed.

BHSB expects that Mental Health Case Management service providers will have far-reaching and flexible referral processes. Providers selected through this procurement will develop outreach plans to "market" their case management services to systems and organizations that serve people who may benefit from these services. The Providers will utilize a universal Referral Form streamlining the process and creating consistency across all Baltimore City programs. The referral process must be straightforward and convenient for referral sources, allowing non-professionals (such as consumers or family members) to refer for services. Individuals must also have opportunities to self-refer.

Please also note consumers currently enrolled in Mental Health Case Management 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 adults, providers are expected to assist the individual 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 adults to identify strengths, skills, and resources to address their basic needs with the goal of transitioning the individual from Mental Health Case Management services to mental health

treatment, rehabilitation, and ancillary services, while mobilizing natural supports wherever possible.

The Maryland Department of Health has also noted the selected Mental Health Case Management 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 to choose a Community Support Specialist or Associate as approved by the Department.
- Have formal written policies and procedures, approved by the Department, which specifically address the provision of mental health case management services to participants in accordance with these requirements.
- Be available to participants and, as appropriate, the participant's families for 24 hours a day, 7 days a week to refer participants to needed services and supports and in a psychiatric emergency, to refer to mental health treatment and evaluation services in order to prevent the participant from accessing a higher level of care.
- Designate specific qualified staff to provide mental health case management services that shall include at least one Community Support Specialist per agency and may include a Community Support Specialist Associate.
- Refrain from providing other services to participants in a manner viewed by the Department as a conflict of interest (e.g., internal referrals without documentation of informed choice, etc.)
- Be knowledgeable of the eligibility requirements and application procedures of federal, State, and local government assistance programs which are applicable to participants.
- 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.

The Maryland Department of Health (MDH) has several changes under consideration with respect to the regulation, accreditation, and oversight of community behavioral health providers. As such, the selected applicants agree to adhere to all existing and future regulatory requirements, directives, policies, and protocols pertaining to mental health case management issued by MDH or its designee.

C. FOCUS POPULATION

All referred individuals who meet the medical necessity criteria for adults (18+) set forth in COMAR 10.09.45.03 must be served by the selected Mental Health Case Management programs. In general, individuals are eligible for these services if they meet the eligibility criteria for Maryland Medical Assistance according to COMAR 10.09.24 OR meet uninsured eligibility criteria established by the Behavioral Health Administration for mental health case management services within the Public Behavioral Health System. Selected providers shall serve all adults desiring mental health case management services who meet financial eligibility requirements and medical necessity criteria.

Services shall be provided to: Adults who have a serious mental health disorder and who are:

- at risk of, or in need of continued community treatment to prevent inpatient psychiatric treatment,
- at risk of, or in need of continued community treatment to prevent being homeless, OR
- at risk of incarceration or being recently released from a detention center or prison.

The specific diagnostic criteria may be waived for the following two conditions:

- An individual, committed as not criminally responsible, who is conditionally released from a Behavioral Health Administration facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland; or
- An individual in a Behavioral Health Administration facility or a Behavioral Health Administration funded inpatient psychiatric hospital that requires community services. This excludes individuals eligible for Developmental Disabilities Administration's residential services.

BHSB also expects providers to give priority to individuals who may be particularly vulnerable to or at risk of adverse outcomes without these services in place. Giving these individuals priority means using your best clinical judgment to identify and quickly admit individuals who may be considered one of these "priority" populations. Providers should make special efforts to reach out to and enroll these populations. These populations include, but are not limited to individuals who:

- Are not linked to mental health services,
- Are lacking basic support such as shelter, food, and income,
- Have Shelter Plus Care vouchers and need case management to maintain their housing,

- Are transitioning from one level of care to another,
- Do not have insurance,
- Are being released from an inpatient psychiatric unit, state psychiatric hospital, residential crisis unit, or emergency department,
- Are being released or diverted from incarceration by a Department of Public Safety and Correctional Services (DPSCS) facility, the Forensic Alternative Services Team (FAST), or specialty court,
- Have co-occurring mental health and substance use disorders, including individuals in all stages of change/recovery,
- Are young adults (18-24) transitioning from services for youth to services for adults,
- Are older adults (65+) or adults with significant health issues transitioning to or in need of long-term care 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 additionally meet the Behavioral Health Administration's uninsured eligibility criteria. Preauthorization must be requested through the ASO prior to service provision. Programs should then work to establish benefits for consumers as quickly as possible.

Participants shall meet the above requirements and be classified according to the following levels of service based on medical necessity criteria established for each level of service:

Level I – General: A minimum of one (1) and a maximum of two (2) units of service per month and based on the severity of the participant's mental illness, the participant must meet at least one of the following conditions:

- The participant is not linked to mental health and medical services.
- The participant lacks basic support for shelter, food, and income.
- The participant is transitioning from one level of care to another level of care or;
- The participant needs case management services to maintain community-based treatment and services.

Level II – Intensive: A minimum of two (2) and a maximum of five (5) units of service per month and based on the severity of the participant's mental illness, the participant must meet two or more of the following conditions:

- The participant is not linked to mental health and medical services.
- The participant lacks basic support for shelter, food, and income.

- The participant is transitioning from one level of care to another level of care.
- The participant needs case management services to maintain community-based treatment and services.

E. STAFFING REQUIREMENTS

The applicants should refer to [COMAR 10.09.45.05](#) for the staffing requirements for mental health case management, including community support specialist supervisors, community support specialists, and community support specialist associates.

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 Mental Health Case Management due to the diverse needs of individuals who need case management services.

Emphasis should be given to training staff on obtaining and maintaining entitlements, cultural and linguistic competence, person-centered planning, strengths-based case management, and motivational interviewing.

BHSB requires that at least one staff person per agency be trained in the SSI/SSDI Outreach Access and Recovery (SOAR) model to help ensure consumers obtain SSI/SSDI benefits as quickly as possible. Mental Health Case Management programs should also provide adequate supervision of staff, particularly for staff who spend most of their time in the field.

F. FUNDING AVAILABILITY

Mental Health Case Management for Adults is not a grant-funded service. Participating providers, subject to the approval of MDH, shall be reimbursed through the Public Behavioral Health Systems (PBHS) Administrative Services Organization (ASO) for appropriately authorized and documented services to eligible adults in accordance with the tiered reimbursement schedule set forth in COMAR 10.21.25.09. Providers must be approved by LBHA in order to be eligible to bill & be reimbursed for these services.

G. REPORTING REQUIREMENTS

BHSB is dedicated to enhancing outcomes reporting system-wide to evaluate the quality of public behavioral health services in Baltimore City.

Individuals enrolled in Mental Health Case Management services are expected to improve over time, and programs should be able to demonstrate that individuals

are being linked to the appropriate services and moved through an appropriate step-down process based upon the assessed level of need.

The selected applicants will be expected to report person-level data to BHSB and its partners during the entirety of the approved service term. BHSB will require at least quarterly program reporting on key indicators that are assessed throughout the individual's tenure with Mental Health Case Management.

BHSB will collaborate with the selected providers to develop outcomes and associated data reporting mechanisms that all Mental Health Case Management providers will use. Data points may be both qualitative and quantitative in nature including, but not limited to:

- Demographic information
- Linkage to and engagement in needed behavioral and somatic healthcare
- Linkage to entitlements and other needed resources
- Housing status
- Hospital admissions
- Engagement in meaningful activities (e.g., work, education, volunteerism, etc.)

As a systems partner, the selected providers are required to develop and implement practices and procedures to support the system outcomes outlined above.

Deliverables for reporting:

1. Total number of unduplicated individuals served the reporting period
2. Number of referrals received (may be duplicated) during the reporting period
3. Number of new admissions during the reporting period
4. Average number of days between referral date and admission date for new admissions during the reporting period
5. Number of discharges/disenrollments during the reporting period
6. Was the provider compliant with all relevant regulations, including COMAR 10.09.45.06?
7. Was the provider compliant with the requirements of the requirements outlined in the Baltimore City Adult Targeted Case Management Guide?
8. Has submitted quarterly report with content as determined in partnership with BHSB and the contracted TCM provider attached?
9. Attend BHSB TCM provider meetings as scheduled?

H. 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.

I. CONTRACTING WITH BHSB

Applicants selected through this process will enter into a contractual agreement with BHSB. Following 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

Please note that BHSB awards no grant funds through this procurement. All services will be paid for by accessing reimbursement through Maryland's Public Behavioral Health System's Administrative Services Organization (ASO).

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 approximately ten qualified organizations to provide Mental Health Case Management Services for Adults in Baltimore City. This will include assisting consumers with identifying and enrolling in needed behavioral health care, obtaining benefits and entitlements, and assuring community support.

B. APPLICANT ELIGIBILITY

Applicants must meet all the following criteria to be eligible for consideration for selection as a Mental Health Case Management provider for adults through this RFP process:

- Be approved or licensed in Maryland as a community mental health provider under COMAR 10.21.19, 10.21.20, 10.21.21, or have 3 years' experience as a mental health case management provider; and
- Have at least 3 years' experience providing mental health services, including serving high risk populations, to adults with serious mental illness.
- Have a physical site location within Baltimore City by July 1, 2024.

C. PROPOSAL TIMEFRAME AND SPECIFICATIONS

1. Timeline

Release Date:	November 8, 2023
Pre-Proposal Conference:	November 17, 2023, at 10 a.m.
Proposal Due:	December 7, 2023, at 12:00 p.m.
Anticipated Award Notification:	February 5, 2024
Anticipated Contract Start:	July 1, 2024

2. Pre-Proposal Conference

Date: November 17, 2023

Time: 10:00 am

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,,644784395#

Phone Conference ID: 644 784 395#

Please join five minutes early to leave time to troubleshoot. If you have any problems accessing the meeting, please contact

Procurements@BHSBaltimore.org.

All questions related to this RFP should be submitted in advance to Procurements@BHSBaltimore.org no later than the close of business on **November 16, 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 28, 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.

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 continue 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@BHSBaltimore.org

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

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@BHSBaltimore.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:

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

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 (20 points)

- a. Describe your organization's history and experience providing similar mental health services to adults with serious mental illness, including the number of years your organization has provided mental health services and what types of services. Submit all relevant licenses and accreditation as an appendix. Additionally, does your organization have an existing location in Baltimore City limits that could be used to house this program, and what would the hours of operation be?
- b. Describe your organization's capacity to provide Mental Health Case Management services as outlined in the Scope of Service, including your ability to adhere to the requirements under COMAR 10.09.45 and to access reimbursement through the Public Behavioral Health System.
- 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), 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 your organization's commitment to a trauma-informed and responsive approach and detail any trauma-specific interventions your organization currently offers or would implement if awarded this grant.
- b. Describe how your organization's values prioritize the System of Care Principles (Voice and Choice; Team Based; Natural supports; Collaboration and Mutuality; Culturally competent, comprehensive, and individualized; strengths based; Resilience; Outcome-based and transparent; Accessible and Equitable) and how these principles will be operationalized in Mental Health Case Management services.

3. Service Delivery (25 points)

- a. Describe how your referral process will be flexible and inclusive, allowing nonprofessionals to refer.
- b. Describe your outreach strategy, including how and to whom your organization will "market" case management services.
- c. Describe how your organization will expand capacity as demand goes up to avoid waitlists.
- d. Describe the key components of engagement, building teams, and identifying natural supports. What would your organization do to overcome barriers to engagement or if a consumer is unable to identify any current supports?
- e. Describe other behavioral health services provided by your organization as well as any relationships your organization has with other provider entities and the structure/process you will use to avoid conflicts of interest and inappropriate self-referrals.

4. Staffing Plan (10 points)

- a. Describe the staffing pattern your organization will use to deliver the proposed services, including the supervisory roles and educational background and experience of staff to be assigned to this project. Attach an organizational chart describing how this program will fit into the larger organization as an appendix.
- b. Describe your organization's plan and experience with ensuring adequate and appropriate supervision of staff, particularly for staff who often work offsite. What are some supervisory concepts and skills you incorporate to ensure staff understand and are incorporating the System of Care values and principles? Describe the training plan for staff. What training and practices do you provide to ensure staff work in ways that are culturally competent, comprehensive, and individualized?

5. Effectively Serving the Focus Population (20 points)

- a. Describe how your organization will ensure that all eligible individuals referred will be accepted into Mental Health Case Management services. Describe how your organization will document why and when

your organization declines to serve eligible individuals, and why and when referred individuals decline your services.

- b. Describe how your organization will give priority to the focus population described in section I D, including how the program will use outreach strategies to locate and enroll individuals viewed as challenging to engage or who have not been well served by the Public Behavioral Health System.
- c. As Baltimore demographics change and populations of immigrants, refugees, asylees increase, explain how your organization will address needs and skills development related to cultural competency, limited English proficiency, and serving individuals who are uninsured.
- d. Describe the approach your organization will take to ensure that staff effectively work with diverse populations (e.g., racial, gender, and sexual minorities as well as other groups who have experienced systemic oppression and marginalization).

6. Program Evaluation and Quality Assurance (10 points)

- a. Describe the program's anticipated outcomes and how you will track and monitor these outcomes. Describe the data you will collect, including how it will be collected, who will be responsible for collecting, analyzing, storing, and reporting the data.
- b. Describe the quality assurance process used by your organization or this project (e.g., satisfaction surveys, program evaluation, etc.) and how feedback from consumers and other stakeholders will be incorporated into quality improvement.

7. Implementation Timeline (5 points)

- a. Provide a timeline to implement and start Mental Health Case Management Services. The start of services should align as closely as possible to the timelines outlined in this RFP document, but should be realistic and account for all activities required to get services started (i.e., approval from MDH, hiring staff, etc.)

8. Appendices

- Copies of all relevant licenses/certifications including any licenses issued by Maryland Department of Health (BHA and OHCQ).
- Organizational chart
- Two letters of support
- Line-Item Budget
- 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
- 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)