BHA GARRETT COUNTY | BEHAVIORAL HEALTH AUTHORITY

**1025 Memorial Drive**
**Oakland, Maryland 21550**

# REQUEST FOR PROPOSALS

**For Mental Health Case Management: Care Coordination for Children and Youth**

**Table of Contents**

I. BACKGROUND ..... 2

II. LEVELS OF CARE COORDINATION ..... 2

III. REQUIRED TRAINING ..... 5

IV. OFFEROR QUALIFICATIONS ..... 6

V. SCOPE OF WORK ..... 6

VI. MECHANISMS TO INTEGRATE WITH EXISTING SYSTEM ..... 9

VII. PROCUREMENT PROCESS (Attachment 2) ..... 9

VIII. PRE-BID CONFERENCE ..... 9

IX. CLOSING DATE ..... 9

X. DURATION OF OFFER ..... 9

XI. PROPOSAL SUBMISSION ..... 10

XII. PROPOSAL FORMAT & CONTENT ..... 11

XIII. PROPOSAL EVALUATION CRITERIA ..... 12

XIV. CONTRACT REQUIREMENTS ..... 13

Attachment 1 ..... 14

Attachment 2 ..... 15

Attachment 3 ..... 17

Attachment 4 ..... 18

## I. BACKGROUND

In State Fiscal Year 2007, Maryland opted out of Medicaid coverage and the service was returned to state grant funding. Due to the flexibility allowed by state only funding, the number of people served did not drop dramatically, but enrollment was essentially capped. In April 2009, the State Mental Hygiene Administration (MHA) announced its intention to amend the State Medicaid Plan to return Targeted Case Management (TCM) to a Fee For Service (FFS) Medicaid reimbursable service with a small state only funding add on to serve individuals who were high service priority and not covered by Medicaid. Historically, people in the Shelter Plus Care (SPC) Program, Supported Housing Opportunity Program (SHOP), County Detention Centers, Hospital Diversion Program, and other supported housing programs are prioritized for TCM services. Conversely, people participating in the Psychiatric Rehabilitation Program (PRP) were excluded from eligibility. Persons transitioning from Psychiatric In-Patient Hospitalization were eligible up to 30 days prior to discharge. Both children and adults were eligible for TCM services at two intensity levels.

In 2009, a Psychiatric Residential Treatment Facility (PRTF) Demonstration Waiver was implemented in Maryland. The intent of the demonstration waiver was to provide treatment and services, through a home and community-based service waiver under the §1915(c) of the Social Security Act, for children and youth ages 6 through 21, who require PRTF services. Waiver participants were served by Care Management Entities (CME) through a wraparound service delivery model that utilized child and family teams to create and implement individualized plans of care that were driven by the strengths and needs of the participants and families.

With the demonstration waiver nearing its close, the BHA began planning for a State Medicaid Plan Amendment (SMPA) through the 1915(i) Community Choice for Children Youth & Families (CCCYF) initiative to incorporate the wraparound philosophy and imbed the philosophy into a Medicaid reimbursable service. Upon the approval of the SMPA by the Federal Centers for Medicare and Medicaid Services (CMS), the selected Mental Health Case Management provider would serve as the Care Coordination Organization (CCO) providing TCM for children and youth enrolled in the 1915i Initiative.

The Garrett County Local Behavioral Health Authority (GCLBHA) desires to identify vendors to provide Mental Health Case Management Care Coordination for Children and Youth, which includes young adults up to age 21 for Garrett County beginning on or about August 1, 2025. Offerors must specify they intend to serve Garrett County.

Mental Health Case Management: Care Coordination for Children and Youth allows for a multi-level continuum of care coordination using wraparound principles. This multi-level continuum of care provides care coordination to children and youth to support a transition back to a home environment, remain in their home or current living arrangement, move to a lower intensity of services or restrictiveness of placement, or otherwise maintain and improve functioning and well-being.

## II. LEVELS OF CARE COORDINATION

All participants shall be classified according to the following levels of service for Mental Health Case Management: Care Coordination for Children and Youth of the State Plan under chapter XIX of the Social Security Act as per COMAR 10.09.90: .05 Participant Eligibility — Level I — General Care Coordination.

**.05 Participant Eligibility — Level I — General Care Coordination.**

The participant as described in 10.09.90.03A of the regulation shall meet at least two of the following conditions:

A. The participant is not linked to behavioral health, health insurance, or medical services
B. The participant lacks basic support for education, income, shelter, or food.
C. The participant is transitioning from one level of intensity to another level of intensity of services.
D. The participant needs care coordination services to obtain and maintain community-based treatment and services.
E. The participant:
    1. Is currently enrolled in Level II or Level III Care Coordination services under this chapter; and
    2. Has stabilized to the point that Level I is most appropriate.

**.06 Participant Eligibility — Level II — Moderate Care Coordination.**

The participant as described in Regulation 10.09.90.03A of this chapter shall meet three or more of the following conditions:

A. The participant is not linked to behavioral health services, health insurance, or medical services.
B. The participant lacks basic support for education, income, food, or transportation.
C. The participant is homeless or at-risk for homelessness.
D. The participant is transitioning from one level of intensity to another level of intensity including transitions out of the following levels of service:
    1. Inpatient psychiatric or substance use services.
    2. RTC; or
    3. 1915(i) services under COMAR 10.09.89.
E. Due to multiple behavioral health stressors within the past 12 months, the participant has a history of:
    1. Psychiatric hospitalizations; or
    2. Repeated visits or admissions to:
        i. Emergency room psychiatric units.
        ii. Crisis beds; or
        iii. Inpatient psychiatric units
F. The participant needs care coordination services to obtain and maintain community-based treatment and services.
G. The participant:
    1. Is currently enrolled in Level III Care Coordination services under this chapter; and
    2. Has stabilized to the point that Level II is most appropriate;
H. The participant:
    1. Is currently enrolled in Level I Care Coordination services under this chapter; and
    2. Has experienced one of the following adverse childhood experiences during the preceding 6 months:
        i. Emotional, physical, or sexual abuse.
        ii. Emotional or physical neglect; or

iii. Significant family disruption or stressors.

**.07 Participant Eligibility — Level III — Intensive Care Coordination.**

A. The participant shall meet at least one of the following conditions:
   1. The participant has been enrolled in the 1915(i) program for 6 months or less.
   2. The participant is currently enrolled in Level I or Level II Care Coordination services under this chapter and has experienced one of the following adverse childhood experiences during the preceding 6 months:
      i. Emotional, physical, or sexual abuse.
      ii. Serious emotional or physical neglect; or
      iii. Significant family disruption or stressors.
   3. The participant meets the following conditions:
      i. The participant has a behavioral health disorder amenable to active clinical treatment, resulting from a face-to-face psychiatric evaluation.
      ii. There is clinical evidence that the minor has a SED and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment.
      iii. A comprehensive psychosocial assessment performed by a licensed mental health professional finds that the minor exhibits a significant impairment in functioning, representing potential serious harm to self or others, across settings, including the home, school, or community.
      iv. The psychosocial assessment supports the completion of the Early Childhood Service Intensity Instrument (ECSII) for youth ages 0—5 or the Child and Adolescent Service Intensity Instrument (CASII) for youth ages 6—21, by which the participant receives a score of:
      v. 3 or higher on the ECSII; or
      vi. 3 or higher on the CASII.
      vii. Youth with a score of 3, 4, or 5 on the CASII also shall meet the conditions outlined in §B of this regulation; and
      viii. Youth with a score of 3 or 4 on the ESCII also shall meet the conditions outlined in §C of this regulation.

B. Youth with a score of 3, 4, or 5 on the CASII shall meet one of the following criteria to be eligible based on their impaired functioning and service intensity level:
   1. Transitioning from a residential treatment center, or
   2. Living in the community, be 6 through 21 years old, and have
      a) Any combination of 2 or more inpatient psychiatric hospitalizations or emergency room visits in the past 12 months, or
      b) Been in an RTC within the past 90 calendar days.

C. Youth who are younger than 6 years old who have a score of a 3 or 4 on the ECSII shall either:
   1. Be referred directly from an inpatient hospital unit, or
   2. If living in the community, have one or more psychiatric inpatient hospitalizations or emergency room visits in the past 12 months.

## III. REQUIRED TRAINING

Training is available on line at no-cost at www.mdbehavioralhealth.com. All staff, including supervisors, must complete all training modules within the specified timeframes. Additional training may be required.

Within the first 30 days of employment the Care Coordinators and supervisors must complete the following modules.

- Early Childhood, Child and Adolescent Development
- Working with Transition Age Youth
- Understanding School Language
- Mental Health 101
- An Introduction to Adolescent Substance Use
- Best Practices in Transitions
- Professional Conduct: Ethics, Confidentiality and Cultural Competence
- Core Principles/Values and Maryland State Regulation

Within the first 90 days of employment, all Care Coordinators including supervisors must complete the following modules.

- Orienting Families to Care Coordination and Initial Family Needs Assessment
- Developing an Effective Plan of Care
- Building an Effective Youth and Family Team
- Facilitating Constructive Youth and Family Team Meetings

Within the first 180 days of employment the Care Coordinators, including supervisors, must complete the following modules.

- Implementing, Monitoring, and Adapting the Plan of Care
- Maintaining a Strengths-Based and Motivational Stance with Clients
- Building and Maintaining Strong Partnerships with Community Resources
- Promoting a Successful Family Transition out of YCC: Sustaining Changes
- Addressing Youth Care Coordination Challenges

When the Care Coordinator and Supervisor have been employed for one year, the Care Coordinator and Supervisor have 30 days to complete the annual training requirements. These modules are as follows:

Year 1

Core Principles/Values and Maryland State Regulation
Mental Health 101
Maintaining a Strengths-Based and Motivational Stance with Clients
Professional Conduct: Ethics, Confidentiality and Cultural Competence
Early Childhood, Child and Adolescent Development

Year 2

Understanding School Language
Building an Effective Youth and Family Team
Facilitating Constructive Youth and Family Team Meetings
Building and Maintaining Strong Partnerships with Community Resources

Year 3

Best Practices in Transitions
Promoting a Successful Family Transition out of YCC:
Sustaining Changes
Orienting Families to Care Coordination and Initial Family Needs Assessment
Developing an Effective Plan of Care

Year 4

Implementing, Monitoring, and Adapting the Plan of Care
An Introduction to Adolescent Substance Use
Working with Transition Age Youth
Addressing Youth Care Coordination Challenges

## IV. OFFEROR QUALIFICATIONS

To be awarded this contract, all of the following criteria must be met:

- Be licensed by the Maryland Behavioral Health Administration as the Mental Health Case Management: Care Coordination for Children and Youth by January 2021.
- Be enrolled as a Mental Health Case Management: Care Coordination for Children and Youth Provider in the Public Behavioral Health System (PBHS) by January 2021.
- Be approved by the Maryland Medicaid System as a Mental Health Case Management: Care Coordination for Children and Youth Provider.
- Enroll in all applicable training on wraparound principles
- Be approved as a 1915(i) provider
- Provide a narrative demonstrating at least 3 years' experience providing mental health services to, including serving high risk populations and children and youth with serious emotional disorders.
- Have a valid Medicaid Provider billing number by January 2021.
- Provide a narrative demonstrating a strong understanding of the unique needs of children, youth and families.
- Provide the Offeror's audited statements for the last two years, or demonstrate that organization is sound, and its business practices are consistent with general accounting principles
- Must have the ability to bill the PMHS as evidenced by providing an MA billing number and willingness to apply for additional billing numbers if necessary to serve additional counties.
- Provide proof of good standing status with the Maryland State Department of Assessments and Taxation

The successful Offeror will provide assurance to the GCLBHA, the local behavioral health authority for Garrett County in which the provider is awarded the contract, that arrangements will be made to transfer all child and adolescent consumers currently enrolled in TCM to the Offeror's program, unless the consumer declines the offer.

## V. SCOPE OF WORK

### A. Overview

The Garrett County Local Behavioral Health Authority (GCLBHA) is seeking a provider to serve Garrett County, that is interested in providing Mental Health Case Management Care Coordination for Children and Youth services in Garrett County, at or above the standards included in the:

1. Federal Medicaid requirements and State Medicaid Plan Requirements for this service,

2. Meet the requirements for COMAR 10.09.90 and 10.09.89,
3. Requirements of the local behavioral health authority of each respective county for this service, and
4. Statements made in the reply to this RFP.

GCLBHA will oversee and monitor compliance with all contract conditions to ensure procedural requirements and contract deliverables are met. The Offeror shall ensure that GCLBHA will have full access and copies of any and all materials to fulfill this contract's oversight role. This should include, but is not limited to individual client records, case ratios, staffing levels and patterns, organizational parameters, service requirements, budget and financial records.

B. **Overview of Project**

The Mental Health Case Management Care Coordination for Children and Youth will serve children, adolescents and young adults up to 21 years of age, if enrolled prior to the youth's 18th birthday and up to the age of 21 years of age if the individual is enrolled in the 1915(i). In recognition of the emerging needs specific to Transition-Age Youth (TAY), the Offeror shall support further development of a system of seamless services that can follow youth as they "age out" of the children's service system. To ensure that youth between 18-21 years of age continue to access services through providers with specialized expertise in developmentally appropriate, youth-oriented services, any applicant under this RFP is required to have capacity to support youth in the transition phase or may transition youth into additional support services. Additionally, the Mental Health Care Coordination provider will ensure that youth are transitioned into the adult system services with a clearly defined plan with assistance from GCLBHA when needed.

The Offeror will serve all three levels of Mental Health Case Management Care Coordination for Children and Youth and will additionally serve as the CCO for children and youth enrolled in the 1915(i) The CCO will assure that for each enrolled youth, the same CCO staff will be assigned to work with the youth through all 3 levels of service for at least 80% of the time in each year the youth is enrolled in the CCO. The offeror shall submit a plan to ensure that youth are not placed on a "waitlist" and can be served without delay.

**C. Participant Eligibility**

**Levels 1, 2 and 3**

Levels 1, 2 and 3 will require authorization through the ASO based on medical necessity criteria.

**Level 3 and enrolled in the 1915(i) - Certificate of Need**

The Certificate of Need (CON) is a collection of documentation that summarizes, describes and explains the youth's current state of behavioral health, history of presenting behaviors and treatment interventions. At a minimum the CON must consist of a psychosocial assessment written by a licensed mental health professional in the State of Maryland and a psychiatric evaluation written by a licensed psychiatrist under the Health Occupations Article, Annotated Code of Maryland. The CON should include information about the youth's functional status, risk of harm, co-occurrence of other conditions (health, developmental disabilities, and substance abuse), the youth's living environment and its ability to support the youth, and resiliency. Additionally, information about the youth and caregiver involvement in treatment is useful. The completed CON documents must be submitted to

the Administrative Service Organization, Optum, and the GCLBHA within 30 days of the clinician and physician's date of assessment for the youth to be considered eligible. The CON will be evaluated to ensure the youth meets the medical necessity criteria (MNC) for this level of care, see Attachment 3.

**C. Quality Assurance**

The Mental Health Case Management Care Coordination for Children & Youth provider shall have a written quality assurance (QA) plan. The QA plan shall address, at minimum, the following:

1. Health, safety and welfare of the children and youth, including critical incidents and crisis service management protocols.
2. Child/youth and family satisfaction.
3. Complaints and grievances processes.
4. Utilization and outcomes management

The QA plan must describe how key stakeholders (e.g., families and children/youth, providers, State purchasers) will be engaged in QA processes.

**E. Deliverables**

The major outcome for this population may be measured by reducing the use of in-patient and other institutional-based care, obtaining and maintaining entitlements, consumer satisfaction, gaining employment, and having a safe, clean, and stable living situation.

1. Program-wide Deliverables
   a. Submit required data and reports to GCLBHA as appropriate.
   b. Submit fiscal and programmatic reports to GCLBHA on a schedule as requested by the GCLBHA.
   c. Submit critical incident reports to respective GCLBHA as well as BHA.
   d. Develop a network of community-based resources to address youth/family needs.
   e. Track linkages to community-based resources by resource type (e.g. housing, food, recreation, mental health services, and substance abuse).
   f. Track number of youths stepped up from a lower level of Mental Health Case Management: Care Coordination for Children & Youth.
   g. Track number of youths stepped down from a higher level of Mental Health Case Management: Care Coordination for Children & Youth.
   h. Track number of youth stepped up to higher level of care through inpatient hospitalization and/or residential treatment center placement.
   i. Communicate eligibility determinations with family as per COMAR 10.09.90 and 10.09.89.
   j. Conduct yearly consumer satisfaction surveys with youth/families for continuous quality improvement (CQI) purposes.
   k. Develop and implement an outreach plan to residential treatment centers, public schools, ER's and other Public Behavioral Health System levels of care to ensure that providers can refer youth and youth have access to additional treatment options.
   l. Attend trainings specified by GCLBHA and BHA – including but not limited to, CASII, ESCII, Child and Adolescent Needs & Strengths (CANS).
   m. Report to the GCLBHA on compliance with required staffing pattern, length of wait from referral to first visit.

n. Attend Provider meetings organized by GCLBHA.
o. The CCO will assure that for each enrolled youth, the same CCO staff will be assigned to work with the youth through all 3 levels of service for at least 80% of the time in each year the youth is enrolled in the CCO.
p. Develop policies and procedures based on regulations, to include crisis response, reportable events, customized goods & services, program model, job descriptions, clinical supervision, etc.

**F. Staffing Requirements**

Shall meet the standards in COMAR 10.09.89 and 10.09.90.

## VI. MECHANISMS TO INTEGRATE WITH EXISTING SYSTEM

The selected vendor will be required to sign a Memorandum of Understanding (MOU) with the Garrett County Local Behavioral Health Authority. In this MOU, at a minimum, the parties will specifically address collaboration, sharing of information in conformance with applicable laws and regulations, grievances and complaints, dealing with non-compliance of children, youth and families, and consumer and family input into treatment plans. Involvement in hospitalizations must be addressed.

## VII. PROCUREMENT PROCESS (Attachment 1)

A. Issuing Agency:

Frederick Polce, Jr., Director
Garrett County Local Behavioral Health Authority
1025 Memorial Drive
Oakland, Maryland 21550
301-334-7440

## VIII. PRE-BID CONFERENCE

The pre-bid conference call will be held on April 7, 2025 at 2:00 p.m. Clarification of the application process will be made during this meeting. Attendance is strongly encouraged, but not mandatory. All interested parties should register with the GCLBHA via email at gccsa.gchd@maryland.gov by Wednesday, April 2, 2025, and submit your questions at this time as well. After registering, you will be sent the conference call phone number.

## IX. CLOSING DATE

The deadline for submission of proposals is 4:30 p.m. on May 12, 2025.

## X. DURATION OF OFFER

The Offeror agrees to be bound by its Offeror Qualifications, Technical Proposal and Budget Analysis for a period of 60 days from the proposal closing date during which time GCLBHA may request clarification or corrections for the purpose of evaluation. Amendments or clarifications requested by GCLBHA shall not affect the remainder of the proposals, but only that portion so amended or clarified.

A. Timetable

If it is deemed appropriate, Offerors submitting proposals in response to this RFP may be required to make oral presentations or negotiations of their proposals. GCLBHA will schedule the time and place

for such discussions, if any. It is expected that this will take place approximately two weeks after the proposal deadline, depending on the number of proposals received. It is planned that the selection of the contractor will be announced on June 9, 2025, and a contract will be executed within a week of the announcement. The announcement will also be available to Offerors on the Garrett County Health Department website, mygarrettcounty.com.

The project will commence on or about August 1, 2025, and run through July 31, 2026. It is renewable for four additional years.

B. Cost of Proposal Preparation

Any costs incurred by Offerors in preparing or submitting proposals are the sole responsibility of the Offerors. GCLBHA will not reimburse any Offeror for any costs incurred in making a proposal or subsequent pre-contract discussions, presentations, or negotiations.

C. Selection and Ad Hoc Committee

A committee will be formed to review the proposals.

## XI. PROPOSAL SUBMISSION

A. Form of Proposal

The deadline for submission of proposals is 4:30 pm on May 12, 2025. Proposals must be submitted electronically by email to gccsa.gchd@maryland.gov by attaching one or more PDF files. Because some email systems prohibit sending or receiving large files, applicants may need to split files into multiple emails. It is recommended that a separate email be sent with no attachments to request confirmation that the proposal was received.

All proposals submitted become the property of GCLBHA. Proposals submitted after the closing date/time will not be considered.

B. Freedom of Information

Offerors should give specific attention to the identification of those portions of their proposals that they deem to be confidential proprietary information or trade secrets and provide any justification why such material, upon request, should not be discussed by GCLBHA under the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. annotated Code of Maryland.

Offerors are advised that the mere assertion of confidentiality is not sufficient to make matters confidential under the act. Information is confidential only if it is customarily so regarded in the trade and/or the withholding of the data would serve an objectively recognized private interest sufficiently compelling as to override the general disclosure policy of the act.

It may be necessary that the entire contents of the proposal for the selected Offeror be made available and reproduced for the purpose of examination and discussion by a broad range of interested parties.

## XII. PROPOSAL FORMAT & CONTENT

A. Overview

The proposal should address all points outlined in this RFP and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the proposal. The sole purpose of this letter is to submit the proposal. It should be brief, on Offeror's stationery, and

signed by an individual who is authorized to commit the Offeror to the services and requirements as stated in this RFP.

B. Proposal Instructions and Narrative Outline

1. Organizational Background/Capacity – (components may be submitted as appendices)

    a. Describe the organization's history and experience providing similar mental health services to youth with serious mental illness and their families, including the number of years your organization has provided mental health services and which services.

    b. Respond to each qualification required in Section IV. Offeror Qualifications

    c. Submit relevant approval letters or licenses, including current legal status (e.g. Articles of Incorporation); Board resolution approving submission of proposal; Certificate of Good Standing status with the Maryland State Department of Assessments and Taxation; and most recent Financial Audit and Management Letter (if applicable).

    d. Describe organizational structure, including a table of organization/organizational relationships

2. Technical Proposal Content

    a. Executive Summary -The Offeror shall condense and highlight the contents of the technical Proposal in a separate section entitled "Executive Summary." The summary shall provide a description of the objectives of the RFP, the scope of work, the contents of the proposal, and any related issues which should be addressed.

    b) Proposed Services - Work Plan

    The Offeror shall provide a detailed discussion of the Offeror's approach, methods, techniques, tasks, work plan for addressing the requirements outlined in the scope of work, and any additional requirements that might be identified by the Offeror.

    The Offeror shall fully explain how the proposed services will satisfy the requirements of this RFP. It shall also indicate all significant tasks, aspects, or issues that will be examined to fulfill the scope of work, as well as include a time-phased schedule by tasks for meeting the proposed objective, a breakdown of proposed staff assignments, and time requirements by task.

    An Offeror that can demonstrate an ability to work closely with the local Behavioral Health Authority as a partner may be given preference.

    The Offeror shall demonstrate a full understanding of the purpose, expectations and complexities of the project and how the objective may best be accomplished. The total scope of effort and resources proposed by the Offeror should be convincing and consistent with the view and nature of the engagement.

    c) Project Organization and Management

    The Offeror shall demonstrate the capability to successfully manage and complete the contract, including an outline of the overall management concepts and methodologies to be employed by the Offeror, and a project management plan including project control

mechanisms, and describe the quality control procedures of the Offeror. Key management individuals responsible for coordinating with the respective local behavioral health authority should be identified. The Offeror must meet periodically with respective local behavioral health authority staff and render periodic progress reports for the purpose of administering the contract. The Offeror shall also participate in the client tracking process approved by the BHA, collecting and submitting relevant data as required by BHA. The Offeror also shall address the transition and employment of existing agency-based case managers.

d) Experience and Qualification of Offeror

References and descriptions of previous similar engagements should be provided (All references should include a contact person familiar with the Offeror's work and the appropriate telephone number, with authorization for GCLBHA to contact any reference provided.).

e) Personnel Capability

The Offeror shall clearly identify the proposed project team, the assignment of work activities, and the experience, qualifications, and education of the staff to be assigned. It is essential that the Offeror assign and provide sufficiently qualified staff assigned in an appropriate mix who has experience in aspects related to the objectives and scope of the proposal. The Offeror should explain to what extent backup professional personnel are available to substitute for loss of professional personnel identified as necessary in the proposal.

f) Response to Case Vignette: Attachment 4

3. Overview

The proposal should address all points outlined in this RFP and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the proposal. The transmittal letter should be brief and signed by an individual who is authorized to commit the Offeror to the services and requirements as stated in this RFP.

The Offerors must address their financial ability to provide the scope of services requested at the quality desired. Applicants having current contracts with BHA or Local Behavioral Health Authorities must have demonstrated success by meeting deliverables in current contracts.

## XIII. PROPOSAL EVALUATION CRITERIA (see Attachment 2)

A. Budget Analysis Score - There is no price associated with this RFP. Funding will be through the Public Behavioral Health System Fee for Service (FFS) billings. The selected provider will comply with COMAR 10.09.89 and 10.09.90 and any other COMAR regulations that may apply.

B. Selection and Ad Hoc Committee
A committee will be formed by GCLBHA to review the proposals, findings, recommendations and other pertinent items during this procurement. If an organizational conflict arises such that the GCLBHA, because of other relationships with a prospective bidder or circumstances surrounding the

bid submission of a prospective bidder, may be unable, or potentially unable, to render an impartial evaluation of a prospective bid or a determination of provider selection, the GCLBHA will immediately contact the Behavioral Health Administration, Director, Clinical Services Division (for Adults and Older Adults) at the following phone number: 410-402-8353 or the Assistant Director, Clinical Services Division (for Adults and Older Adults) at the following phone number: 410-402-8476.

No GCLBHA staff member shall participate in any aspect of this procurement under such circumstances in which the local Health Department intends to submit a bid and the GCLBHA serves as an agent of the local Health Department. In such instances in which an organizational conflict exists, BHA will convene the selection committee, and the local Health Department GCLBHA, or other affiliated entity shall have no role in the review of proposals, findings, recommendations, and other pertinent issues attendant to the selection of a TCM provider for adults. BHA shall retain in such cases the exclusive right to procure and select the successful offeror. Final acceptance of the deliverables will be made by the GCLBHA, except wherein an organizational conflict exists as herein delineated.

## XIV. CONTRACT REQUIREMENTS

The selected Offeror will be required to enter into a contractual agreement with the Garrett County Local Behavioral Health Authority. The contents of this RFP and the proposal of the successful Offeror will be incorporated by reference into the resulting agreement. The Garrett County Local Behavioral Health Authority shall enter into a contract only with the selected Offeror and the selected Offeror will be required to comply with and provide assurance of certification as to certain contract requirements and provisions.

## Attachment 1

**Mental Health Case Management Care Coordination for Children and Youth Proposal Timeline**

| **STEPS TO COMPLETION** | **COMPLETION DATE** |
|---|---|
| Advertise/E-mail | 3/13/2025 |
| Register for Pre-Bid Conference | 4/2/2025 |
| GCLBHA contact person to register | Gillian Shreve gccsa.gchd@maryland.gov |
| Pre-Bid Conference | 4/7/2025 at 2:00pm via conference call |
| Proposal Submission Deadline | 5/12/2025 at 4:30pm |
| Emailed to: | Garrett County Local Behavioral Health Authority<br>gccsa.gchd@maryland.gov |
| Review Committee Approval | 6/2/2025 |
| Contract Award Announcement | 6/9/2025 |
| Work to Begin | On or about 8/1/2025 |

# Attachment 2

MENTAL HEALTH CASE MANAGMENT CARE COORDINATION FOR CHILDREN AND YOUTH PROGRAM
RATING SHEET

**I. QUALIFICATIONS OF OFFEROR AND PROPOSED STAFF (30 points)**

**A. DOCUMENTATION OF CORPORATE STRUCTURE**

1. Current legal status (e.g. Articles of Incorporation).
2. Board resolution approving submission of proposal.

**B. FINANCIAL CAPABILITY TO PERFORM**

1. Description of Offeror's financial capability to carry out work of RFP.
2. Audited financial statements for the last two years and/or most recent financial audit and management letter (if applicable)
3. Certificate of Good Standing status with the Maryland State Department of Assessments and Taxation

**C. SUMMARY OF RELEVANT EXPERIENCE**

1. Specific documentation of experience with other similar projects.

**D. ORGANIZATION STRUCTURE/CHART**

1. Description of organizational structure.
2. Explanation of how project will relate to the whole.
3. Table of Organization/organizational relationships.

**E. STAFFING**

1. Resumes of administrative/supervisory staff.
2. Description of staff assigned.
4. Description of duties and qualifications.
5. Names and resumes for all staff and consultants, if to be reassigned or already committed to the project.
6. Number and credentials of staff indicates high probability of meeting project outcomes.
7. Supervisory/administrative support adequate to meet project outcomes.

**II. TECHNICAL PROPOSAL**

**A. PHILOSOPHY AND APPROACH TO SERVICE DELIVERY (25 points)**

1. Basic values and beliefs about mental health services.
2. Knowledge of population and Wraparound approach.
3. Knowledge of Maryland public mental health system.
4. Importance of active participant involvement & recovery.
5. Demonstrated ability to bill and collect for eligible services.
6. Clear priority for most vulnerable populations and entitlements as a means to recovery and self-direction.
7. Strength of Disaster Plan.

**B. IMPLEMENTATION AND OPERATIONS STRATEGY (25 points)**

1. Clear and concise timelines.
2. Clear and concise work plan.
3. Ability to cover for staff turnover and leave.
4. Orientation, training and supervision.
5. Process and content of Individualized Service Plans.
6. Record keeping.
8. Report requirements.
9. Problem solving if encountered.
10. Grievance procedures.
11. Clearly stated outcomes
12. Listed mission, goals, and objectives
13. Clearly lists how progress will be measured and recorded.
14. Efforts or method to ensure participant involvement.
15. Confidentiality and record security.
16. Use of technologies to improve quality and efficiency.

**III. RESPONSE TO CASE VIGNETTE (20 points)**

1. Clearly explain how you would engage the family using the wraparound process.
2. Identify youth and family strengths.
3. Identify the underlying need that may be driving the behavior both on the part of the youth and on the part of the family.
4. Clearly indicate how you would develop and implement a Plan of Care.
5. Clearly indicate how you would evaluate the progress of the Plan of Care.
6. Indicate how eligibility will be determined.
7. Indicate your ability to bill for services under the Fee For Service System

## Attachment 3

**CON Guideline Information**

**Psychiatric Evaluation**

- Reason for Psychiatric Assessment
- Past Psychiatric History and Other Relevant History
- Current Medications
- Past medications
- Substance Use History
- Medical History
- Developmental history
- Social History
- Educational History
- Legal History
- Family History
- DSM V Diagnosis
- Other Agencies Involved
- Recommendations

**Psychosocial Assessment**

- Presenting Problems
- Family/Social Assessment
- Legal History
- Emotional Assessment
- Past Efforts to Maintain Client in the Community
- Placement History
- Hospitalizations
- Recommendations

## Attachment 4

Case Vignette

Monty is an 8-year-old boy living with his mother, Foley, and maternal grandmother, Livia, in a small 2-bedroom apartment in the Oakland. Foley was 15 when she had Monty and did not finish high school. Both she and her mother Livia work different shifts at McDonald's near their apartment so one of them can be home to provide care for Monty. Monty has never met his father and knows little about him. Recently Foley has been fighting more with her mother about how Livia is becoming less patient with Monty and has begun locking him in his room when he is being disruptive. Monty has done fairly well in school until this past year. He has always been a high energy child but had been able to respond to his teachers most of the time when redirected. Over the past several weeks Monty has demonstrated increased struggles with defiance, aggression, and fighting with his peers. Foley has been called to meet with the school Social Worker to discuss these concerns. Foley meets with the school Social Worker next and reports how Monty has always been a very active and impulsive child, not paying much attention to his surroundings or personal space of others. Foley describes Monty as "the Energizer bunny – he never stops, always running around, crashing into things, and making a mess wherever he goes. I have a hard time getting him to listen too, and I usually end up spanking him to make him stop. My mom also spanks him, but she says it doesn't always work so she started locking him in his room until he stops – we've been fighting more recently about this and I noticed he seems to be having a harder time too." She shares some of their history with the Social Worker, such as being a teenage mother, Monty's father never being around, and increasing struggles with her mother's punishments for Monty, mainly locking him in his room. The Social Worker explored Foley's thoughts on connecting Monty to mental health service as a support which could be provided at school. Foley reports feeling some anxiety with this as she does not know much about mental health services and fears Monty will simply be medicated "like a Zombie." The Social Worker assures Foley this will not be the case as the focus will be how to support Monty with emotional and behavioral interventions, and if medication was recommended, they would be able to discuss benefits vs risks.