

MID SHORE BEHAVIORAL HEALTH, INC.
28578 Mary's Court, Suite 1
Easton, MD 21601



Request for Proposals:

**MENTAL HEALTH CASE MANAGEMENT: CARE
COORDINATION FOR CHILDREN AND ADOLESCENTS**
Due: August 18, 2022 by 4:00 pm

Prospective applicants who have received this document from a source other than the Issuing Officer should immediately contact the Issuing Officer and provide their name and mailing address in order that addenda to this Request for Proposals (RFP) or other communications can be sent to them. Any prospective applicant who fails to notify the Issuing Officer with this information assumes the complete responsibility in the event they do not receive communications from the Issuing Officer prior to the RFP closing date.

ISSUING OFFICER:

Kathryn Dilley, LCSW-C
Executive Director
Mid Shore Behavioral Health, Inc.
28578 Mary's Court, Suite 1
Easton MD, 21601
410-770-4801

1.0 BACKGROUND and PURPOSE

Since 1991, the Behavioral Health Administration (BHA) has moved to decentralize the management of services to adults with serious and persistent mental illness and children and adolescents with serious emotional disorders by developing local authorities known as Core Service Agencies (CSAs). As a part of the overall Maryland Public Behavioral Health System (PBHS), CSAs are responsible for the planning and delivery of a comprehensive array of behavioral health services at the local level.

Each CSA is responsible for the development and execution of a Community Behavioral Health Plan that guides the provision of care, and targets systemic intervention and expansion to ensure the nature, capacity, and quality of services in the local PBHS meets the needs of local consumers.

Maryland's PBHS has a long history of valuing and investing in Mental Health Case Management (MHCM) services as an effective route of access and choice for those with the most significant needs. Mental Health Case Management, when introduced, was managed through a grant-based system. With approval from the Centers for Medicare and Medicaid Services, these services were moved into the fee-for-service system. August 1, 2007, Mental Health Case Management service expenditures were moved from the fee-for-service system into CSA purchase of services sub vendor contracts. On August 1, 2009, Mental Health Case Management service expenditures were returned into the fee-for-service system with an understanding that the provision of Mental Health Case Management be released for competitive bid at least once every five (5) years. The last RFP of this nature was issued in 2017 and is being reissued at this time as the current vendor is slated for discontinuation of services as of September 30, 2022. This RFP allows for providers to propose to serve the eligible child and adolescent population, which includes youth under the age of 18 and young adults up to age 22, and to serve all five mid-shore counties.

Mental Health Case Management Care Coordination for Children and Youth allows for a multi-level continuum of care coordination based on the principles of wraparound. Wraparound is a service delivery model that uses a collaborative process in which the Child and Family Team assists in the development and implementation of an individualized plan of care with specified outcomes. This multi-level continuum of care will provide care coordination to children and youth to support a transition back to a home, 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. It also allows the availability of additional home- and community-based services not available through the Maryland Medicaid State Plan. The Maryland Department of Health (MDH) has an approved 1915(i) State Plan Amendment (SPA) to serve children and adolescents who meet, or are just below, the medical necessity criteria for a residential treatment center placement. As outlined in the 1915(i) SPA, care coordination will be provided through a Care Coordination Organization (CCO) that

is also approved as a MHCM provider under COMAR 10.09.89 AND 10.09.90.

The selected MHCM provider(s) will serve as a Care Coordination Organization(s) (CCO) for the 1915(i). This includes making changes in the existing MHCM service to establish a multi-tiered continuum of care coordination using the Wraparound practice model. BHA envisions a three-tiered continuum of care that will provide care coordination to children and adolescents to support a transition, remain in their home or current living environment, move to a lower intensity of services or restrictiveness of placement, or otherwise maintain and improve functioning and well-being.

- Level I: Eligible children and adolescents who need a basic level of care coordination and support.
- Level II: Eligible children and adolescents who need a moderate level of care coordination and support.
- Level III: Eligible children and adolescents who are enrolled in the 1915(i) SPA.

All services will be paid for by accessing reimbursement through Maryland's Public Behavioral Health System's Administrative Services Organization (ASO). Levels I and II will be reimbursed in accordance with the tiered structure for MHCM under COMAR 10.09.89 and 10.09.90; Level III will be reimbursed in accordance with the 1915(i) SPA and accompanying regulations.

Certificate of Need – Enrollment in Level III Care Coordination or Level 3 Care Coordination/1915(i) Program.

Youth seeking enrollment in either Level III Intensive Care Coordination or Level III Care Coordination/1915(i) will be reviewed for eligibility based on a Certificate of Need (CON). The 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 use), 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 CON will be evaluated to ensure the youth meets the medical necessity criteria (MNC) for this level of care.

The process for CON submission and review is established by MDH and Optum. It is anticipated this process will closely mirror the process currently used to submit and process CON documentation for youth seeking RTC placement. CCO providers are required to comply with the finalized process for 1915(i) youth. Based on RTC procedures for CON documentation, it is likely to include CCO coordination of CON documentation with and on behalf of the family, as well as submission of the completed packet to the local Core Service Agency and Optum for eligibility determination. Protocols for financial eligibility determinations for 1915(i) youth will be established, and CCO will participate in this process at the discretion of MDH or its designee.

Preference will be given to applicants who demonstrate history of, and ability to, effectively serve children and adolescents with serious behavioral health needs and their families safely and effectively in the community using System of Care values and principles

Mid Shore Behavioral Health, Inc. (MSBH), the Core Service Agency (CSA) serving Kent, Queen Anne's, Caroline, Talbot, and Dorchester counties, is the lead agency in seeking proposals for the provision of Mental Health Case Management Services for consumers living in the five counties of the Eastern Shore.

2.0 MENTAL HEALTH CASE MANAGEMENT: CARE COORDINATION MODEL

Project Requirements:

The program requirements for Mental Health Case Management: Care Coordination for Children and Youth are set forth in COMAR 10.09.90 and parts of COMAR 10.09.89. Potential Bidders are strongly encouraged to familiarize themselves with these regulations and to submit proposals indicating how they will operationalize the requirements established by the Maryland Department of Health for eligible residents of mid-shore region.

Offerors are expected to be familiar with the 10 principles of Wraparound and describe in their proposals how they will incorporate them into their program:

- **Family voice and choice.** Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the Wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
- **Team based.** The Wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
- **Natural supports.** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of

interpersonal and community relationships. The Wraparound plan reflects activities and interventions that draw on sources of natural support.

- **Collaboration.** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single Wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

- **Community-based.** The Wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

- **Culturally competent.** The Wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.

- **Individualized.** To achieve the goals laid out in the Wraparound plan, the team develops and implements a customized set of strategies, supports, and services.

- **Strengths based.** The Wraparound process and the Wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

- **Persistence.** Despite challenges, the team persists in working toward the goals included in the Wraparound plan until the team reaches agreement that a formal Wraparound process is no longer required.

- **Outcome based.** The team ties the goals and strategies of the Wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

Training Requirements:

1. Two on-line courses are currently required for staff prior to serving families. These are:

- a) Wraparound
- b) System of Care

Online courses can be found on:

<https://theinstitute.umaryland.edu/training/onlinetraining.cfm>

2. Additional recommended in-service training on this website includes:

- a) Oral Health Care for Children and Adolescents
- b) Somatic Health Care for Children and Adolescents

Offerors should note that BHA is currently developing other on-line training content and may require provider participation in other training in the future.

In addition to the requirements set forth in COMAR some Key Elements of the Care

Coordination Process include:

- **Grounded in a Strengths Perspective**

Strengths are defined as interests, talents, and unique contributions that make things better for the family. Within an entire process that is grounded in a strengths perspective, the family story is framed in a balanced way that incorporates family strengths rather than a focus solely on problems and challenges. A strengths perspective should be overt and easily recognized, promoting strengths that focus on the family, team, and community, while empowering and challenging the team to use strengths in a meaningful way.

- **Driven by Underlying Needs**

Needs define the underlying reasons why behaviors happen in a situation. In a needs-driven process, the set of underlying conditions that cause a behavior and/or situation to exist are both identified and explored in order to understand why a behavior and/or situation happened. These needs would be identified across family members in a range of life areas beyond the system defined areas. These underlying conditions would be articulated and overt agreement with the family and all team members about which to select for action or attention would occur. The process involves flexibility of services and supports that will be tailored to meet the needs of the family.

- **Supported by an Effective Team Process**

Wraparound is a process that requires active investment by a team, comprised of both formal and informal supports willing to be accountable for the results. Measurable target outcomes are derived from multiple team member perspectives. The team's overall success is demonstrated by how much closer the family is to their vision and how well the family needs have been addressed.

- **Determined by Families**

A family-determined process includes both youth and caregivers and the family has authority to determine decisions and resources. Families are supported to live a life in a community rather than in a program. The critical process elements of this area include access, voice, and ownership. Family access is defined as inclusion of people and processes in which decisions are made. Inclusion in decision making implies that families should have influence, choice and authority over services and supports identified in the planning process. This means that they should be able to gain more of what is working and less of what they perceive as not working. Family voice is defined as feeling heard and listened to, and team recognition that the families are important stakeholders in the planning process. Therefore, families are critical partners in setting the team agenda and making decisions. Families have ownership of the planning process in partnership with the team when they can make a commitment to any plans concerning them. In wraparound, the important role of families is confirmed throughout the duration of care.

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; and
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.

3.0 SCOPE OF WORK

This “request for proposal” is for the provision of Case Management services to individuals who meet medical necessity and other eligibility criteria as defined in COMAR 10.09.89 and 10.09.90 and the State’s 1915(i) State Plan Amendment (SPA) by the federal Centers for Medicare & Medicaid Services (CMS). Providers must demonstrate knowledge and skills in providing case management services. Providers must be able to comply with COMAR 10.09.89 and 10.09.90.

Additionally, the selected provider(s) will serve all five mid-shore counties: Caroline, Dorchester, Kent, Queen Anne’s and Talbot.

3.1 GOALS

The overarching goals are to enable Eastern Shore communities to keep pace with necessary systems change as related to health care reform and behavioral health integration initiatives driven by federal and state policy, management, community, and front-line practice levels. Selected provider(s) will demonstrate commitment to the following goals as they relate to this RFP:

- An Eastern Shore PBHS environment that supports recovery through service linkages that match consumer need and systems navigation.
- Increased service integration through:
 - Coordinated service delivery;
 - Community-based treatment that better meets individualized need of children and families; and
 - Empowerment of children, families, and their natural and community supports in partnership with providers in the development of their plan

of care.

- An effective, efficient consumer-driven provision of services that is responsive to the child and family's needs.

3.2 PROCUREMENT PROCESS

MSBH is requesting proposals for implementation of Mental Health Case Management services in the mid-shore region. All proposals received by the submission deadline will be reviewed and scored according to MSBH Procurement Policy.

3.3 ELIGIBILITY

Offerors must demonstrate the capacity to be approved as a Mental Health Case Management provider under COMAR 10.09.89 AND 10.09.90 and meet all of the below-listed criteria to be considered for funding:

- (1) Be approved or licensed in Maryland as a Community Mental Health provider under COMAR 10.21.19, 10.21.20, 10.21.21, 10.21.29, or 10.63 OR have 3 years of experience serving as a Mental Health Case Management provider in Maryland OR have experience as a Care Coordination Organization/Care Management Organization in the United States under contract with a local or state government to provide intensive care coordination using principles of wraparound service delivery model for children and adolescents with serious behavioral health needs;
- (2) Have experience providing mental health services and/or care coordination, including serving high risk populations to consumers with serious emotional disorders;
- (3) Be eligible to be approved as a Mental Health Case Management service provider per conditions for participation as set forth in COMAR 10.09.89 and 10.09.90 and any additional Medical Assistance provisions listed in COMAR 10.09;
- (4) Demonstrate organizational capacity to participate in the fee-for-service reimbursement system;
- (5) Demonstrate a commitment to providing high quality services that are responsive to the diverse communities throughout the mid-shore region;
- (6) Demonstrate knowledge and understanding of System of Care values and principles of Wraparound service delivery model;
- (7) Demonstrate knowledge of current evidence-based practices in children's mental health policy and program development; and

- (8) Comply with provider qualifications within the 1915(i) SPA specific to providers of care coordination as well as those that apply to all 1915(i) providers (see 1915(i) SPA Application, Attachment A) including, but not limited to, compliance with:
- a. Criminal background check as well as child abuse and neglect clearance policies; and
 - b. Development of a plan of care supervised by a licensed mental health provider who has a current licensure as a certified social worker-clinical (LCSW-C), clinical professional counselor (LCPC), psychologist, or psychiatrist under the Health Occupations Article, Annotated Code of Maryland.

No more than one provider will be selected for each county. However, a single provider could be selected to serve more than one county and up to all five. Applicants partnering with other agencies to submit one proposal should attach a copy of the signed Memorandum of Understanding (MOU) between multiple applicants agreeing to serve a respective region.

3.4 ISSUING OFFICE

Request for Proposals will be issued by: Mid Shore Behavioral Health, Inc.
28578 Mary's Court, Suite 1
Easton, MD 21601

The issuing officer is: Kathryn Dilley, LCSW-C
Executive Director

3.5 PRE-BID CONFERENCE

There will be a virtual pre-bid conference for the proposal on **July 18th, 2022 at 1:00pm** via Go To Meeting with Mid Shore Behavioral Health, Inc.

Mon, Jul 18, 2022 1:00 PM - 2:00 PM (EDT)

Please join the meeting from your computer, tablet or smartphone.
<https://meet.goto.com/454797253>

You can also dial in using your phone
United States: [+1 \(571\) 317-3122](tel:+15713173122)
Access Code:454-797-253

3.6 PROPOSAL SUBMISSION AND CLOSING DATE

The deadline for submission of proposals is **4:00 PM Eastern Standard Time on Thursday, August 18**. Submissions are to be made electronically to Kathryn G. Dilley at kdilley@midshorebehavioralhealth.org

3.7 SELECTION AND REVIEW COMMITTEE

The MSBH Board of Directors' Program Services Committee will review all submissions and make the final decision. Notification will be expeditious, as will contracting. The contract will be fully executed by August 29, 2022 with a start date of October 1, 2022.

3.8 PROPOSAL SUBMISSION

Form of Proposals

Proposals will be received electronically. Proposals must indicate RFP title: MSBH: Child & Adolescent TCM CCO: (Bidder Name and Date of Proposal).

4.0 PROPOSAL FORMAT and EVALUATION CRITERIA

4.0.1 Technical

Each proposal will include the following items in the stated order: all pages must be numbered; each section should be clearly labeled; all of the listed components must be included.

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|--------------------------------------|----------|
| 1. Project Summary | (35 pts) |
| 2. Organizational Capacity Statement | (15 pts) |
| 3. Service/System Integration | (25 pts) |
| 4. Budget Cost Proposal | (15 pts) |
| 5. Performance Evaluation Criteria | (10 pts) |

4.0.1.1 Project Summary (Quality and Ingenuity of Proposal) 35 points

Bidders will prepare a narrative summary, providing an overview of how their organization will meet the standards and goals set forth above; and implement the plans of the proposal. The proposal must be consistent with MSBH' mission and Community Behavioral Health Plan goals and objectives. There must be a demonstrated willingness to work closely with the staff of MSBH to execute this project with the timeliness required, and to accept and benefit from MSBH oversight and guidance.

The proposal must be responsive to terms, conditions, and time of performance. The proposal must be complete and thorough. A full understanding of the need, purpose, expectations, and complexities of the work to be performed is demonstrated.

The approach, methodology, techniques, and manpower to be used are clearly defined and sound. Each should be sufficient to meet proposal requirements and should be logical and well organized.

4.0.1.2 Organizational Capacity Statement (15 Points)

Briefly state the bidder's organizational history, nature, scope of business activities, and organizational structure.

If incorporated, submit a copy of the most current articles of incorporation. Additionally submit a roster of all members of the organization's Board of Directors, including addresses and telephone numbers. Where applicable, the role of the governing board is described.

Attach an organizational chart depicting the relationship of the project to the current organization. Describe experience and relevant current or former activities of the organization which demonstrate an ability to attain the specific goals of the proposed project.

Describe the bidder's data collection and reporting capacity.

Demonstrate organizational capacity to participate in the fee-for-service reimbursement system.

Demonstrate that the bidder has satisfactory experience working with persons with mental illnesses and has experience providing individualized and flexible care/services.

Demonstrate that the bidder has the ability to manage effectively and to be fiscally sound. When applicable, the bidder has staff knowledgeable in the administration of government grant awards.

4.0.1.3 Service System Integration (25 points)

Applicants are strongly encouraged to offer a comprehensive description of their Management Information Systems (MIS) planning and implementation process,

including support for improving consumer outcomes by tracking individual and program level performance, increasing viability through increased billing efficacy and employee productivity, and effective prescription management (where applicable).

The proposal describes working with various community organizations, local government, private/public agencies, and citizens groups.

The proposed program is well integrated with other service provisions.

The bidder demonstrates the ability to establish and maintain relationships with local health, behavioral health, and social service providers for the purpose of service delivery and/or enhancement.

Letters of support are not required, but encouraged.

4.0.1.4 Budget Cost Proposal (15 Points)

The cost proposal is responsive to the objectives of the project and provides a logical and understandable breakdown of the program budget clearly delineating an estimate of all associated costs. There is no award of funding associated with this RFP. The award is certification as an approved Mental Health Case Management provider for children and adolescents who will seek reimbursement through the fee-for-service system through the Administrative Service Organization for approved tiers of services.

MSBH will not reimburse any offeror for any cost incurred in making a proposal or subsequent pre-contract discussions, presentations, or negotiations.

Applicants are required to submit a line item budget clearly defining revenues from PBHS FFS as well as a budget narrative detailing proposed expenditures. When applicable, the budget corresponds with the program description and reflects reasonable costs.

The budget is expected to meet client and program needs.

The bidder describes and demonstrates sound financial practices and fiscal accountability.

4.0.1.5 Performance Evaluation Criteria (10 Points)

The proposal description includes bidder's data collection, report, and plan for

evaluation of consumer specific progress as well as program level performance. The outcome measures are adequate to evaluate the program.

The bidder specifies methodology to obtain measurable performance standards/outcome criteria.

The bidder describes internal quality assurance mechanisms.

4.0.2 Importance of Proposal Content

The contents of the successful proposal may become part of the vendor contract obligations. Therefore, the applicant must be prepared to accept these obligations for any activities described in the proposal or modifications negotiated with MSBH.

5.0 PROVIDER CONTRACTING

5.0.1 Upon selection, following the final notification letter will be two copies of the contract, as approved by MSBH's attorney. These must be reviewed thoroughly and signed by the bidder. Each of the two copies of the contract must have original signatures and be returned to Mid Shore Behavioral Health, 28578 Mary's Court, Suite 1, Easton MD 21601 prior to the beginning date of the contract.

5.0.2 Any contract resulting from this RFP will be a time-limited, project specific contractual arrangement, and will NOT involve the commitment of funding. The award is for certification as a MHCM provider for all or part of the mid-shore region, for children and adolescents.