Request for Proposal # 0305-2025

Project: Mental Health Case Management: Care Coordination for Children and Youth

Department: Wicomico Local Behavioral Health Authority

Location: Seth H. Hurdle Building
108 East Main Street, Salisbury, Maryland 21801

Submissions Due:

Friday, April 4, 2025, 3:00 p.m. Est

Submit to:

Hope Balam, Procurement Officer
Wicomico County Health Department
108 East Main Street, Room 216
Salisbury, Maryland 21801

Vendor: ____________________________________

Signature: __________________________________ Date: ___________________

Address: ____

____

Telephone: ___________________________ Fax: ___________________________

TABLE OF CONTENTS

I.	Background	3
II.	Levels of Care Coordination	4
III.	Required Training	7
IV.	Offeror Qualifications	9
V.	Scope of Work	9
VI.	Mechanisms to Integrate with Existing System	12
VII.	Procurement Process (Attachment 2)	12
VIII.	Pre-Proposal Conference	12
IX.	Closing Date	13
X.	Duration of Offer	13
XI.	Proposal Submission	13
XII.	Proposal Format & Content	14
XIII.	Proposal Evaluation Criteria	17
XIV.	Contract Requirements	18
	Attachment 1	19-20
	Attachment 2	21
	Attachment 3	22
	Attachment 4	23

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 flexibilities allowed by state only funding, the number of persons 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 are high service priority and not covered by Medicaid. Historically, persons 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, persons participating in the Psychiatric Rehabilitation Program (PRP) were excluded from eligibility. Persons transitioning from Psychiatric In-Patient Hospitalization are eligible up to 30 days prior to discharge.

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, absent the waiver, would 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 to 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 reimbursement 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 1915(i) Initiative.

The Wicomico Behavioral Health Authority, also known as WBHA desires to identify vendors to provide Mental Health Case Management Care Coordination for Children and Youth, which includes young adults up to age 22 for the following county: Wicomico County.

Mental Health Case Management Care Coordination for Children and Youth allows for a multi-level continuum of care coordination using the wraparound principles. This multi-level continuum of care provide 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

Please note that CCOs are required to comply with COMAR regulations as they are updated. 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 1— 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 supports 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 supports 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:

(a) Emergency room psychiatric units;
(b) Crisis beds; or
(c) 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:

(a) Emotional, physical, or sexual abuse;
(b) Emotional or physical neglect; or
(c) 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:

(a) Emotional, physical, or sexual abuse;
(b) Serious emotional or physical neglect; or
(c) Significant family disruption or stressors.

(3) The participant meets the following conditions:

(a) The participant has a behavioral health disorder amenable to active clinical treatment, resulting from a face-to-face psychiatric evaluation;
(b) There is clinical evidence the minor has a SED and continues to meet the service intensity needs and medical necessity criteria for the duration of their enrollment.

(c) 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;

(d) 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:

(i) 3 on the ECSII; or
(ii) 3 or higher on the CASII;

(e) Youth with a score of 3, 4, or 5 on the CASII also shall meet the conditions outlined in §B of this regulation; and

(f) Youth with a score of 3 or 4 on the ECSII 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 combinations 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 one of the following:

(a) Inpatient or day hospital unit;

(b) Primary care provider (PCP);

(c) Outpatient psychiatric facility;

(d) Early Childhood Mental Health (ECMH) Consultation program in daycare.

(e) Head Start program.

(f) Judy Hoyer Center.

(g) Home visiting program; or

(2) If living in the community, have two or more psychiatric inpatient hospitalizations in the past 12 months.

(a) Had one or more psychiatric inpatient or day hospitalizations;
(b) Had one or more ER visits;
(c) Exhibit severe aggression;
(d) Display dangerous behavior;
(e) Been suspended from school or childcare setting;
(f) Display emotional or behavioral disturbance prohibiting their care by anyone other than their primary caregiver;
(g) Be at risk for out-of-home placement or placement disruption;
(h) Have severe temper tantrums that place the child or family members at risk of harm;
(i) Have trauma exposures and other adverse life events; or
(j) Be at risk of family-related risk factors, including safety, parent-child relational conflict, or poor health and developmental outcomes.

III. REQUIRED TRAINING

I. Child and Adolescent Needs and Strengths assessment (CANS) Training: The Behavioral Health Administration (BHA) requires that all youth care coordinators are trained to administer, score, and interpret the CANS. The training requires an annual renewal. COMAR 10.09.90.09 state that a comprehensive psychosocial assessment must be completed for every enrolled youth. The intent and interpretation of this regulation by FHA is that this requirement is met through completion of the CANS. Certificates of completion for both the initial training and annual renewals are part of care coordinators' training record and are checked by the Local Behavioral Health Administration (LBHA)/Core Service Agencies (CSAs)/BHA during annual site visits. Information on how to access the CANS training is available on the YCC resources website.

II. MD Behavioral Health Youth Care Coordination Training Series: For NEW youth care coordinators and NEW supervisors (*Training is available at no-cost online, www.mdbehavioralhealth.com*)

In first 30 days of employment complete:

- 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 Regulations

In first 90 days of employment complete:

- Orienting Families to Care Coordination and the Initial Family Needs Assessment
- Developing an Effective Plan of Care
- Building an Effective Youth and Family Team
- Facilitating Constructive Youth and Family Team Meetings
- Supervising Youth Care Coordinators: Guidelines and Best Practices (To be completed by Supervisors and Supervisees)

In first 180 days of employment complete:

- 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
- Understanding the 1915(i) Program and Its Practical Implication for Youth Care Coordinators

III. Annual Requirements for Youth Care Coordinators: Within 30 days of the anniversary of the initial hire date, all youth care coordinators must complete either:

- One Cluster annually, based on the 5-year plan that is recommended from your online knowledge assessment on mdbehavioralhealth.com ("knowledge assessment" option). NOTE: Staff members with perfect sources on the knowledge assessment will be directed to complete the clusters in

order, A-E (i.e., one cluster per year for 5 years). **OR**

- A customized module completion plan, developed in consultation and with the approval of your supervisor, which consists of at least 4 modules each year ("customer modules" option)

Cluster A (4 modules)
- Core Principles/Values and Maryland State Regulations
- Mental Health 101
- Maintaining a Strengths-Bases and Motivational Stance with Clients
- Professional Conduct: Ethics, Confidentiality, and Cultural Competence

Cluster B (4 modules)
- 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

Cluster C (4 modules)
- Best Practices in Transitions
- Promoting Successful Family Transitions out of YCC: Sustaining Changes
- Orienting Families to Care Coordination and the Initial Family Needs Assessment
- Developing an Effective Plan of Care

Cluster D (4 modules)
- Implementing, Monitoring, and Adapting the Plan of Care
- An Introduction to Adolescent Substance Use
- Working with Transition Age Youth
- Addressing Youth Care Coordination Challenges

Cluster E (3 modules)
- Understanding the 115(i) Program and Practical Implication for YCCs
- Supervising Youth Care Coordinators: Guidelines and Best Practices
- Early Childhood, Child, and Adolescent Development

After five (5) years of completing these training requirements, YCCs no longer have additional training requirements through BHA. YCCs are expected to meet ongoing agency and licensure requirements.

Annual Requirements for YCC Supervisors: YCC Supervisors follow the guidance above for the first and second years of annual training requirements. For the third year of trainings, YCC Supervisors will repeat Cluster E (three modules geared towards supervisors). Beyond year 3, YCC Supervisors do not have additional annual training requirements through BHA. YCC Supervisors are expected to meet ongoing agency and licensing training requirements.

Access to training modules remains available for all in perpetuity, regardless of tenure with an organization or serving in a role.

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 July 2025.
- Be enrolled as a Mental Health Case Management: Care Coordination for Children and Youth Provider in the Public Behavioral Health System (PBHS) by July 2025.
- Be approved by the Maryland Medicaid System as a Mental Health Case Management: Care Coordination for Children and Youth Provider.
- Enrolled 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 children and youth, including high risk populations of children and youth with serious emotional disorders.
- Have a valid Medicaid Provider billing number by July 2025.
- 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 PBHS 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 LBHA arrangements will be made to transfer all child and adolescent consumers currently enrolled in Mental Health Care Coordination for Children and Youth to the Offeror's program, unless the consumer declines the offer.

V. SCOPE OF WORK

A. Overview

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

i. Federal Medicaid requirements and State Medicaid Plan Requirements for this service,
ii. Meet the requirements for COMAR 10.09.90 and 10.09.89,
iii. Requirements of the local Core Service Agency of each respective county for this service, and
iv. Statements made in the reply to this RFP.

The Wicomico Local Behavioral Health Authority of each respective county will oversee and monitor compliance with all contract conditions to ensure procedural requirements and contract deliverables are met. The Offeror shall ensure that the Local Behavioral Health Authority will have full access and copies of any and all materials to fulfill this contract 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 youths 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 specified 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 the 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 the Local Behavioral Health Authority 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

Level 1, 2 and 3

Level 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, and the Wicomico Local Behavioral Health Authority 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.

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:

i. Health, safety and welfare of the children and youth, including critical incidents and crisis service management protocols;
ii. Child/youth and family satisfaction;
iii. Complaints and grievances processes;
iv. 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.

D. 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.

a. Program-wide Deliverables
    1. Submit required data and reports to the respective Local Behavioral Health Authority as appropriate.
    2. Submit fiscal and programmatic reports to the respective Local Behavioral Health Authority on a schedule as requested by the Local Behavioral Health Authority.
    3. Submit critical incident reports to respective Local Behavioral Health Authority as well as BHA.
    4. Develop a network of community-based resources to address youth/family needs.
    5. Track linkages to community-based resources by resource type (e.g. housing, food, recreation, mental health services, substance abuse).
    6. Track number of youths stepped up from a lower level of Mental Health Case Management: Care Coordination for Children & Youth.
    7. Track number of youth stepped down from a higher level of Mental Health Case Management Care Coordination for Children & Youth.
    8. Track number of youth stepped up to higher level of care through inpatient hospitalization and/or residential treatment center placement.
    9. Communicate eligibility determinations with family as per COMAR 10.09.90 and 10.09.89.
    10. Conduct yearly consumer satisfaction surveys with youth/families for continuous quality improvement (CQI) purposes.
    11. 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.

12. Attend trainings specified by the Wicomico Local Behavioral Health Authority and Behavioral Health Administration – including but not limited to, CASII, ESCII, Child and Adolescent Nees and Strengths (CANS).
13. Report to the respective LBHA on compliance with required staffing pattern, length of wait from referral to first visit.
14. Attend Program meeting organized by the LBHA.
15. 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.
16. Develop policies and procedures based on regulations, to include crisis response, reportable events, customized goods & services, program model, job descriptions, clinical supervision, etc.

E. 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 Memorandums of Understanding (MOUs) with the Wicomico Local Behavioral Health Authority(s). In these MOUs, 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 2)

A. Issuing Agency:

Hope Balam
Wicomico County Health Department
108 E Main St
Salisbury MD 21801
Ph: 410-860-4598
Email: hope.balam@maryland.gov

VIII. PRE-PROPOSAL CONFERENCE

The pre-proposal meeting will be held on Friday, March 14th at 3:00 p.m. at the E.S. Adkins Building located at 801 N Salisbury Blvd, Suite 202 Salisbury, Maryland 21801. Attendance is strongly encouraged but not mandatory.

IX. CLOSING DATE

The deadline for submission of proposals is Friday, April 4, 2025, EST. Proposals may be mailed or to the Wicomico County Health Department at 108 E Main St, Salisbury, MD 21801 Attention Hope Balam. Offerors may also submit their sealed proposals in-person directly to the Wicomico County Health Department at 108 E Main St, Salisbury, MD 21801. Please submit five (5) copies of each of the following: Offeror Qualifications, Technical Proposals, and Budget Analysis.

X. DURATION OF OFFER

July 1, 2025-June 30, 2026, renewable for four additional years.

XI. PROPOSAL SUBMISSION

A. Form of Proposal

Proposals must be submitted by each Offeror in separate sealed packages, grouped and marked as follows:

1. Mental Health Case Management Care Coordination for Children and Youth – Offeror Qualifications

   Offerors' name and date of offer

2. Mental Health Case Management Care Coordination for Children and Youth – Technical Proposal

   Offerors' name and date of proposal

3. Mental Health Case Management Care Coordination for Children and Youth – Budget Analysis

   Offerors' name and date of analysis

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 LBHA under the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. annotation 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 of the selected Offeror be made available and reproduced for the purpose of examination and discussion by a board range of interested parties.

XII. PROPOSAL FORMAT & CONTENT

I. 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 transmit the proposal. It 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.

II. Offeror Qualifications Format

a. Each Offeror's submission must bear the Offeror's name, the closing date for proposal and "Mental Health Case Management Care Coordination for Children and Youth-Offeror Qualifications" on the outside of the package. Inside this package (an original and four copies) shall be the Offeror's Qualification submission.

III. Qualification Content

a. Response to each qualification required

IV. Technical Proposal Format

a. Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Mental Health Case Management Care Coordination for Children and Youth-Offeror Qualifications" on the outside of the package. Inside this package (an original and four copies) shall be the Offeror's Technical Proposal.

V. 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 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 engagement should be provided (All references should include a contact person familiar with the Offeror’s work and the appropriate telephone number, with authorization for Wicomico County LBHA 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 sufficient 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: Attachment 4

VI. 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 budget analysis. The sole purpose of this letter is to transmit the budget analysis; it 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 and address the legal liability issues associated with the provision of the proposed services. Applicants having current contracts with BHA or Core Service Agencies must have demonstrated success by meeting deliverables in current contracts.

VII. Format of Proposal

Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Mental Health Case Management Care Coordination for Children and Youth – Budget Analysis" on the outside of the package. Inside this package (an original and five copies) shall be the Offeror's budget analysis.

1. Budget Analysis Content

a. Overall Budget

An overall budget (on the appropriate forms) shall be submitted. All sources of revenues anticipated should be detailed in the submitted budget

b. Personnel Detail Page

A personnel detail page, including the qualifications and titles of staff, the hours/days of employment anticipated, the salary per hour/day, and any agency adjustments should be detailed. All consultant costs should be detailed including type of consultant (if known) and an hourly rate for each consultant hired.

c. Start-up Costs

Although there is no funding for start-up costs, start-up costs are anticipated, and they should be submitted as a separate budget and supported with supplemental schedules of start up costs. All equipment and start-up staff and training costs should be detailed.

d. Collections

Use of, and ability to bill and collect "Medicare, Medicaid, and third-party payments" should be documented.

XIII. PROPOSAL EVALUATION CRITERIA

A. Overview

B. Evaluation Method

1. Acceptable Offers (Attachment 1)

a. Qualifications of Offeror 20%

b. Technical Proposal 75%

i. Philosophy & Approach to Service Delivery

ii. Implementation and Operations

iii. Response to Case Vignette

c. Budget Proposal 5%

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

ii. Program Budget

- Personnel Reconciliation
- Revenue must be broken out by CPT code:

Example:

90801	$40,000
90802	$60,000
90791	$20,000
T1016	$250,000
In-kind	$50,000
Total Budget	$420,000

2. Unacceptable Offers

Those proposals with a technical rating of less than 80% of the total possible points will be considered unacceptable and will not be considered further.

3. Qualification Scores

Relative value will be established by meeting all of the required Offeror qualifications.

XIV. CONTRACT REQUIREMENTS

The selected Offeror will be required to enter into a contractual agreement with Wicomico Local Behavioral Health Authority (LBHA). The contents of this RFP and the proposal of the successful Offeror will be incorporated by reference into the resulting agreement. The 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

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

Transmittal Letter should include:

1. Letter signed by authorized official.
2. Letter on Offeror's stationary.

I. QUALIFICATIONS OF OFFEROR AND PROPOSED STAFF (20%)

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.

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

All elements of the Offeror Qualifications are being rated equally.

II. TECHNICAL PROPOSAL

A. PHILOSOPHY AND APPROACH TO SERVICE DELIVERY (20%)

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 (45%)

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.
7. Report requirements.
8. Problem solving if encountered.
9. Grievance procedures.
10. Clearly stated outcomes
11. Listed mission, goals, and objectives
12. Clearly lists how progress will be measured and recorded.
13. Efforts or method to ensure participant involvement.
14. Confidentiality and record security.
15. Use of technologies to improve quality and efficiency.

C. RESPONSE TO CASE VIGNETTE (10%)

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 our ability to bill for services under the Fee For Service System.

III. BUDGET ANALYSIS (5%)

A. Overall budget
B. Personnel Detail Page
C. Start-up Costs
D. Collections

Attachment 2

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

Steps to Completion	Completion Date
RFP is Issued on Sunday, March 9th ,2025	Wednesday , March 12th , 2025.
Pre-Bid Meeting	Friday, March 14th, 2025
Submission Date	Friday, April 4th, 2025
Proposal Submission Deadline Mail or Deliver in-person (sealed) to: Wicomico County Health Department Attn: Hope Balam 108 E Main St Salisbury, MD 21801	Friday, April 4th, 2025 3:00 p.m. EST
Contract Award Announcement	Tuesday, April 11th 2025
Work to begin on or about	Tuesday, July 1st, 2025

CON Guideline Information

Per COMAR 10.09.89.03(E)

E. The applicant shall.

(1) Have a face-to-face psychological assessment completed or updated within 30 days of submission of the enrollment to the ASO that:

(a) Assigns a Diagnostic and Statistical Manual (DSM) behavioral health diagnosis or Diagnostic Criteria (DC) 0-5 diagnosis;

(b) Determines the applicant to be amenable to active clinical treatment; and

(c) Is conducted by a provider not associated with the CCO by which the participant may eventually be served; and

(2) Meet the Department's written medical necessity criteria

Psychosocial assessments include but are not limited to:

- 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

Susan is a 16 year old Caucasian female living with her father and stepmother. She moved in with her father last year after she reported that she was being verbally abuse by her biological mother. Father reports that there is tension between Susan and her stepmother because of the 2 children father and stepmother have together. Susan reports that she is treated differently than the other children in the home. Since moving in, she has made 3 significant suicide attempts. The first was an overdose on Tylenol after an argument, which resulted in a coma, liver and kidney failure and swelling in the brain. It would seem that the liver and kidney have recovered from the overdose. She does have ongoing seizures as a result of the overdose. Her second attempt was after she ran away with a boy and was found in a hotel room in West Virginia. Her most recent attempt was after being caught having sex with a boy in the home. Susan stabbed herself in the chest with a butcher knife in front of the stepmother. She had 6 treatment sessions in an OMHC and refused to return.

Susan had been a good student in elementary and middle school, but since entering high school, she has experienced more social difficulties in school. Susan is in a regular high school and has no 504 plan or IEP. She reports that the other students tease her and call her names. Susan has an upcoming intake hearing for an assault charge at school. She indicated that she was tired of the other children calling her names and hit one of the students. Susan as expressed that she would like to drop out of high school and has admitted to periodic binge drinking.

DSM 5 Diagnosis

F33.1 Major Depressive Disorder, recurrent, moderate.
F90.9 Attention –deficit hyperactivity disorder, unspecified type
R45.850 Suicidal Ideations

Current Medications

Effexor 100mg
Abilify 10 mg