

**REQUEST FOR APPLICATIONS**

**FOR**

**MENTAL HEALTH TARGETED  
CASE MANAGEMENT SERVICES FOR ADULTS**



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County Executive



**Issued by:**  
**Prince George's County Health Department**

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## I. BACKGROUND AND OVERVIEW

The Prince George's County Health Department, Local Behavioral Health Authority (LBHA), is responsible for planning, managing, and monitoring of publicly funded behavioral health services at the local level. Each Core Service Agency (CSA) or Local Behavioral Health Authority acting as the designee of the Maryland Department of Health (MDH) shall complete a competitive procurement for its respective jurisdiction at least once every five years. This responsibility includes the competition of one or more qualified community mental health providers to render Targeted Case Management (TCM) for adults within the Fee-for-Service (FFS) Public Behavioral Health System (PBHS) in Prince George's County.

This RFA, pursuant to the authority and requirements set forth in the Section 1915(b)(4) Waiver and in accordance with the applicable provisions of Targeted Case Management Medicaid State Plan Amendment (SPA), solicits applications to provide mental health TCM services for eligible adults with Serious Mental Illness (SMI) in Prince George's County in full compliance with the [Code of Maryland Regulations \(COMAR\) 10.09.45](#) or its successors. Maryland Department of Health has several changes under consideration with respect to the regulation, accreditation and oversight of community behavioral health providers. As such, the selected applicant(s) agrees to adhere to all existing and future regulatory requirements, directives, policies, and protocols pertaining to mental health case management issued by MDH or its designee.

Targeted Case Management for Adults is not a grant-funded service. Selected applicants through this procurement shall commit to delivering all levels of care specified in the Scope of Service to both adult Medicaid beneficiaries and uninsured eligible adults. Participating TCM providers, subject to the approval of MDH, shall be reimbursed through the Public Behavioral Health System's (PBHS) [Administrative Services Organization \(ASO\)](#) for appropriately authorized and documented services to eligible adults in accordance with the [tiered reimbursement fee schedule](#) .

## II. APPLICANT QUALIFICATIONS

To be considered for selection as a mental health Targeted Case Management (TCM) provider for adults via this Request for Applications (RFA), applicants must meet **all** of the following criteria:

- **Licensure & Accreditation/Experience:**
  - Be licensed and accredited under COMAR 10.63.03.04, 10.63.03.05, or 10.63.03.09.
  - **OR** possess at least three (3) years of documented experience as a mental health case management provider by the release date of this solicitation.
- **Provider Approval Eligibility:**
  - Be eligible for approval as a Mental Health Case Management provider, adhering to conditions outlined in COMAR 10.09.36.03 and any additional applicable

provisions in COMAR 10.09.45 regarding provider participation in Targeted Case Management.

- **Relevant Experience:**
  - Have a minimum of three (3) years of experience providing mental health case management services to adults with serious mental illness (SMI), including demonstrated experience serving high-risk and vulnerable populations.
- **Physical Site Requirement:**
  - Maintain a physical site location within Prince George's County by November 1, 2025.
- **Local Knowledge:**
  - Possess comprehensive knowledge of the target population's needs as outlined in this RFA, as well as the available community resources within Prince George's County.
- **Operational Capacity:**
  - Demonstrate the operational capacity to serve the entire geographical area of Prince George's County, ensuring eligible adults have timely and sufficient access to TCM services throughout the county.
- **Medicaid Enrollment:**
  - The provider must be enrolled in ePREP, Maryland's Medicaid electronic Provider Revalidation and Enrollment Portal.
- **Prince George's County Vendor Registration:**
  - Potential vendors must first register with Prince George's County to conduct business via the following link: <https://erpvendorapp.sap.mypgc.us>. Vendor registration is a mandatory requirement for all businesses entering into an agreement with Prince George's County. Upon successful registration, you will receive a ten-digit vendor number beginning with "1." Please retain this number, along with your username and password, for future reference.
- **Transition Collaboration (for New Providers):**
  - If the successful applicant is a new TCM provider for adults in Prince George's County, they shall collaborate with the LBHA and the incumbent adult mental health TCM provider. This collaboration is crucial to effectively and seamlessly transfer all consumers enrolled in TCM at the time of the transition to the applicant's program, unless a consumer declines the offer and a specific exemption is granted by the Behavioral Health Administration.

### III. SCOPE OF SERVICE

Applicants must address all the requirements in the Scope of Service in their response to this RFA.

#### A. Overview

The goal of the TCM service for adults is to improve the overall quality of life of eligible adults with SMI and to promote their long-term recovery. A primary focus of these services is to prevent homelessness and incarceration, to divert individuals from

unnecessary inpatient emergency room use and institutional levels of care, wherever possible, and to increase community stability and tenure through referral to and engagement in behavioral health treatment and support services. TCM services for adults includes a comprehensive assessment to determine individual strengths and service needs; development of an individualized, person-centered plan of care with the individual and, with informed consent, his or her family and significant others; linkage to community resources including but not limited to housing; assistance in securing entitlements and benefits; linkage to behavioral and somatic health care; assistance in developing social support systems; monitoring of engagement in agreed upon services and supports; and advocacy on behalf of the individual.

For uninsured eligible adults, the TCM provider is expected to assist the individual to apply for Medicaid, as soon as clinically possible. For all TCM service recipients, the TCM provider shall facilitate access to all benefits and entitlements for which the individual may be eligible, including but not limited to Medical Assistance, Medicare, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Nutrition Assistance Program (SNAP) and Temporary Cash Assistance (TCA). Programs shall assist eligible adults to identify strengths, skills and resources to address their basic needs with the goal of transitioning the individual from TCM services to mental health treatment, rehabilitation, and ancillary services, while mobilizing natural supports wherever possible.

## **B. Participant Eligibility:**

### Target Population

A recipient is eligible for mental health case management services if the recipient is in a federal eligibility category for, and is enrolled in, the Maryland Medical Assistance Program according to COMAR 10.09.24, or meets [uninsured eligibility criteria](#) established by the Behavioral Health Administration for mental health case management services within the PBHS. The TCM provider for adults shall serve all adults desiring mental health case management services who meet the financial eligibility requirements and medical necessity criteria for TCM.

### **Admission Criteria:**

Adults, 18 and over, who have a serious mental health disorder, diagnosed according to a current diagnostic and statistical manual of the American Psychiatric Association that is recognized by the Secretary, and who are:

- at risk of, or need continued community treatment to prevent inpatient psychiatric treatment; or
- at risk of or need continued community treatment to prevent being homeless; or
- at risk of incarceration or recently released from the Department of Corrections.

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

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

**Continuing to Stay Criteria:**

The following criteria are necessary for continuing treatment at this level of care:

The participant continues to meet admission criteria; AND

- The participant is reassessed every six months after the initial assessment; AND EITHER
- The participant's current/available living environment continues to present barriers to stabilizing them; or
- Progress toward initial mental health, medical, social, and educational goals has not facilitated transition to another mental health service and the care plan reflects the necessary changes to address the lack of progress.

**C. Service Requirements:**

Participants shall meet the above requirements and be classified according to the following levels of service based on medical necessity criteria established for each level of service. Active involvement of the participant, family, caretaker, or others involved in the participant's treatment should be sought. Levels of service include:

Level I – General: A minimum of one (1) and a maximum of two (2) units of service per month. Does not include the assessment. Based on the severity of the participant's mental illness, the participant must meet at least one of the following conditions:

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

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

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

A home visit by the Community Support Specialist or Community Support Specialist Associate shall be provided for each participant at minimum every 90 days.

#### **D. Service Reimbursement:**

The unit of service is one day, with a minimum of one-hour per day of contact, which may include face-to-face contacts with a participant, and non-face-to-face contacts on behalf of the participant with nonparticipants, that are directly related to identifying the needs and supports for helping the individual to access needed services. Participants in Level I receive a minimum of 30 minutes of face-to face contact monthly and a maximum of three (3) hours, and participants in Level II receive a minimum of one (1) hour of face-to-face contact monthly and a maximum of ten (10) hours. This includes all TCM activities except for the assessment, which uses a unit of service and is billed separately. Each participant shall be reassessed after the initial assessment at a minimum of once every six (6) months. The maximum service limit may be exceeded based on clinical review by MDH or the Administrative Services Organization (ASO).

#### **Criteria Claims Submission:**

- Providers should not submit claims unless the service has been authorized by Carelon.
- Claims should be submitted on a CMS 1500 form.
- Case management assessment (CPT Code H0031) does not require pre-authorization for adults.
- Adult TCM is billed as a per day rate (CPT code T1016)
- Claims are required to specify ICD-10 codes, not DSM 5 codes.
- Claims for unauthorized services will be denied.
- The provider shall be reimbursed per the requirements in this chapter and the fees established under the [tiered reimbursement fee schedule](#).

#### **E. Service Definition:**

In addition to the emphasis on securing needed benefits and entitlements, TCM services are provided to assist participants in gaining access to needed medical, mental health, social, educational, and other services. When TCM services have been appropriately authorized and documented, the following activities and interventions are reimbursable through TCM:

Please refer to COMAR 10.09.45.06 for a full description of each of these services.

1. Comprehensive Assessment and Periodic Reassessment;
2. Development and Periodic Revision of a Specific Care Plan;
3. Referrals and Related Activities;
4. Monitoring and Follow-up Activities; and
5. Participant Advocacy

**F. General Program Requirements:**

The participating case management program shall be enrolled as a Medicaid provider and meet all the conditions for provider participation as set forth in COMAR 10.09.36.03 and any additional applicable provisions set forth in COMAR 10.09.45 regarding conditions for provider participation in Targeted Case Management. In addition to the participation requirements, the provider shall ensure compliance with all the Medical Assistance provisions listed in COMAR 10.09.45 designated for Targeted Case Management services for adults and applicable to both adult Medicaid beneficiaries and uninsured eligible adults who meet Medical Necessity Criteria for Targeted Case Management.

All covered services under this chapter shall be preauthorized. Before a participant receives case management services, the Behavioral Health Administration or the Administrative Services Organization (ASO) reviews the authorization request, determines if the participant meets medical necessity criteria, and if the participant meets the criteria, the participant is authorized for case management services. The ASO shall approve and monitor plans of care that designate the level of service to be delivered. Plans of care must be updated to correctly reflect the level of intensity in which the participant is currently enrolled. If it is determined that the provider is failing to provide adequate services as approved in the plan of care, the provider shall be subject to a corrective action plan to remediate the identified deficiencies.

**G. Specific Program Requirements:**

The selected Targeted Case Management (TCM) provider for adults shall:

1. Place no restrictions on the qualified participant's right to elect to or decline to receive mental health case management services as authorized by MDH or its designee, or to choose a Community Support Specialist or Associate as approved by MDH or its designee.
2. Employ appropriately qualified individuals as Community Support Specialists and Community Support Specialist Associates with relevant work experience, including experience with the populations served by the program, including but not limited to adults with a serious mental health disorder.

3. Assure that a participant's initial assessment shall be completed within 20 days after the participant has been authorized by MDH or the ASO and determined eligible for, and has elected to receive, mental health case management services. An initial Care Plan shall be completed within 10 days after completion of the initial assessment.
4. Have formal written policies and procedures, approved by MDH, which specifically, address the provision of mental health case management services to participants in accordance with these requirements
5. Be available to participants and, as appropriate, the participant's families for 24 hours a day, 7 days a week in order to refer participants to needed services and supports and in a psychiatric emergency, to refer to mental health treatment and evaluation services in order to prevent the participant from accessing a higher level of care.
6. Respect the participants' rights to decline case management services and, as applicable, document the participant's decision to decline services in the participant's case management record.
7. Designate specific qualified staff to provide mental health case management services that shall include at least one Community Support Specialist per agency and may include a Community Support Specialist Associate.
8. Refrain from providing other services to participants which would be viewed by MDH as a conflict of interest.
9. Be knowledgeable of the eligibility requirements and application procedures of federal, State, and local government assistance programs which are applicable to participants.
10. Maintain information on current resources for mental health, medical, social, financial assistance, vocational, educational, housing, and other support services.
11. Safeguard the confidentiality of the participant's records in accordance with State and federal laws and regulations governing confidentiality.
12. Comply with the MDH fiscal reporting requirements and submit reports in the manner specified by MDH.
13. Comply with the requirements for the delivery of mental health services outlined by the Department.

#### **H. Required Staff**

The mental health case management provider shall have staff that is sufficient in numbers and qualifications to provide appropriate services to the participants served and shall include, at minimum:

1. A Community Support Specialist Supervisor who:
  - a. Is a mental health professional who is licensed and legally authorized to

practice under the Health Occupations Article, Annotated Code of Maryland, and who is licensed under Maryland Practice Boards in the profession of either Social Work, Professional Counseling, Psychology, Nursing, Occupational Therapy, or Medicine.

- b. Has one (1) year of experience in mental health working as a supervisor.
  - c. Provides clinical consultation and training to community support specialists or associates regarding serious mental illness.
  - d. Is employed or contracted to supervise case management services at a ratio of one supervisor to every eight community support specialists or associates.
2. A Community Support Specialist who:
- a. Has at least a bachelor's degree in a mental health field and one year of mental health experience, including mental health peer support; or
  - b. Has at least a bachelor's degree in a field other than mental health and two years of mental health experience, including mental health peer support;
  - c. Is chosen as the case manager by the participant or the participant's legally authorized representative; and
  - d. Is employed by the mental health case management provider to provide case management services to participants.
3. A Community Support Specialist Associate who:
- a. Has at least a high school diploma or the equivalent, and 2 years of experience with individuals with mental illness, including mental health peer support;
  - b. Is employed by the mental health case management provider to assist Community Support Specialists in the provision of mental health case management services to participants; and
  - c. Works under the supervision of a Community Support Specialist who delegates specific tasks to the Associate.

#### **I. Case Record Requirements**

The successful applicants shall maintain a file for each participant which includes all the following:

1. An initial referral and intake form with identifying information, including, but not limited to, the individual's name and Medicaid identification number;
2. A written agreement for services signed by the participant or the participant's legally authorized representative and by the participant's community support specialist;
3. An assessment as specified in COMAR 10.09.45.06.

4. A Care Plan, updated at a minimum of every 6 months, which contains at a minimum:
  - a. A description of the participant's strengths and needs;
  - b. The diagnosis established as evidence of the participant's eligibility for services under this chapter;
  - c. The goals of case management services, with expected target dates;
  - d. The proposed intervention;
  - e. Designation of the community support specialist with primary responsibility for implementation of the Care Plan; and
  - f. Signatures of the community support specialist, participant, or the participant's legally authorized representative, and significant others, if appropriate.
  
5. An ongoing record of contacts made on the participant's behalf, which includes all the following:
  - a. Date and subject of contact;
  - b. Individual contacted;
  - c. Signature of community support specialist or community support specialist associate making the contact;
  - d. Nature, content, and unit or units of service provided;
  - e. Place of service;
  - f. Whether goals specified in the Care Plan have been achieved;
  - g. The timeline for obtaining needed services;
  - h. The timeline for reevaluation of the plan;
  - i. The need for and occurrences of coordination with other case managers; and
  - j. Monthly summary notes, which reflect progress made towards the participant's stated goals.

#### **IV. QUALITY STANDARDS AND CONTRACT MONITORING**

##### **A. Quality Standards**

The LBHA and MDH are committed to ensuring that TCM services are of high quality and responsive to the needs of eligible adults with serious mental illness. Providers that do not meet the requirements as outlined in this RFA and applicable COMAR shall be subject to a Corrective Action Plan, with additional follow-up monitoring by the LBHA to ensure that the requirements are being met. If the TCM provider is unable or unwilling to meet the requirements as specified by this RFA, the MDH or the LBHA reserves the right to halt future referrals to the provider and reissue a competitive solicitation for a replacement TCM provider.

Providers should outline a history of PBHS compliance and verify compliance with COMAR and Medicaid regulations.

## **B. Program Monitoring**

The LBHA and the MDH shall engage in ongoing, periodic monitoring activities to evaluate the quality of service delivery and essential ingredients of the program. Activities shall include, but are not limited to the following:

1. A site visit at least annually to evaluate and document compliance with administrative and programmatic requirements, including but not limited to evidence in the medical record of a diversity of referral sources and relationships with relevant organizations for referral and linkage to care.
2. Review of administrative data reports and claims data to evaluate program effectiveness.
3. Review of policy and personnel records to ensure administrative compliance.
4. Participation in any provider meetings as required by the LBHA.
5. Collection and submission of programmatic data, as required by the LBHA.

Providers selected through this RFA shall be required to participate in all monitoring and evaluation activities.

## **V. LIMITATIONS**

**A. A restriction may not be placed on a qualified service recipient's option to receive mental health case management services under TCM.**

**B. Mental health case management services do not restrict or otherwise affect:**

1. Eligibility for Title XIX benefits or other available benefits or programs, unless the participant is receiving a comparable case management service under another Program.
2. The freedom of a participant to select from all available services for which the participant is found to be eligible.

**C. Mental health case management providers may not receive reimbursement for:**

1. The direct delivery of an underlying medical, educational, social, or other service to which a participant has been referred;
2. Activities integral to the administration of foster care programs;
3. Activities not consistent with the definition of case management services under Section 6052 of the federal Deficit Reduction Act of 2005 (P.L. 109-171);
4. Activities to which third parties are liable to pay; or
5. Activities delivered as part of institutional discharge planning.

**D. Reimbursement may not be made for mental health case management services if the participant is receiving a comparable case management service under Medicaid or another authority.**

- E. **A participant’s case manager may not be the participant’s family member or direct service provider for the participant.**

## **VI. MECHANISMS TO INTEGRATE WITH EXISTING SYSTEM**

The applicant must address their financial ability to provide the scope of services requested at the quality desired and the legal liability associated with the operation of the proposed services. Applicants having current contracts with BHA or the CSA/LBHA must have demonstrated success in meeting outcome and program requirements.

## **VII. PROCUREMENT PROCESS**

### Issuing Office

Prince George’s County Health Department  
Dyer Regional Health Center  
Local Behavioral Health Authority  
9314 Piscataway Road, Suite 150  
Clinton, Maryland 20735

### Issuing Officer

Name/Title: Imani Booker Lewis, Local Behavioral Health Authority Manager  
Phone: (301) 856-9500  
Email: PGC\_LBHA@co.pg.md.us

## **VIII. DURATION OF OFFER**

October 1, 2025 through June 30, 2026, renewable for four additional years through June 30, 2029.

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

### **A. Timeline**

The project will commence on or about **November 3, 2025**.

Release Date	<b>8/1/2025</b>
Pre-bid Conference (Virtual) <a href="#">Join the meeting now</a> Meeting ID: 295 231 920 066 9 Passcode: 6DS9m5jA  Join by Phone <a href="#">+1 240-673-1195,883360557#</a> Phone conference ID: 883 360 557#	<b>8/11/2025</b> <b>1:00 pm –</b> <b>2:00 pm</b>
<b>Proposal Submission Deadline</b>  Deliver to Issuing Office: Prince George’s County Health Department Dyer Regional Health Center Local Behavioral Health Authority 9314 Piscataway Road, Suite 150 Clinton, Maryland 20735	<b>9/1/2025</b>
Review Committee Deadline	<b>9/8/2025</b>
Contract Award Announcement	<b>9/10/2025</b>
Anticipated Start Date	<b>11/3/2025</b>

**B. Cost of Proposal Preparation**

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

**IX. PROPOSAL SUBMISSION**

**A. Format of the Proposal**

Each applicant should submit a sealed package that bears the name phone and email of the applicant, the title Targeted Case Management (TCM) Proposal, and the closing date for proposals on the outside of the package. The deadline for submission of proposals is **4:00 pm EST on Monday, September 1, 2025**, at the Prince George’s County Health Department Local Behavioral Health Authority office. Please submit **(1) original and four (4) copies** of the proposal. Hand-delivered and mailed proposals should be sent to the Prince George’s County Health Department Local Behavioral Health Authority, 9314 Piscataway Road, Suite 150, Clinton, Maryland 20735.

No email or facsimile submissions will be accepted. Documents may be mailed at the applicant's risk.

The Prince George's County Local Behavioral Health Authority is not responsible for late, lost, or misdirected mail. Proposals not received by the deadline will not be considered.

A pre-bidder's conference will not be held for this RFA and questions will not be accepted.

## **B. Freedom of Information**

Applicants 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 disclosed by LBHA under the Maryland Public Information Act, State Government Article, Sections 10-611 et seq., annotated Code of Maryland.

Applicants 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. In determining whether information designated as such is proprietary, LBHA will follow the direction provided by its attorney when responding to requests for information contained in proposals.

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

## **X. TECHNICAL AND FINANCIAL PROPOSAL CRITERIA**

### **A. Overview**

The proposal should address all points outlined in this RFA and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the technical 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 applicant to the services and requirements as stated in this RFA.

### **B. Proposal Instructions and Narrative Outline**

The proposal should be a clear, concise narrative that describes the applicant's intent to

serve the target population.

1. Organizational Background

- a) Describe the organization's history and experience providing similar mental health services to adults with serious mental illness. Submit relevant approval letters or licenses.
- b) Describe the organization's capacity to provide Targeted Case Management services for adults, including your ability to adhere to the requirements under COMAR 10.09.45 and to access reimbursement through the Public Behavioral Health System.

2. Description and Goals of the Mental Health Case Management Program

- a) Describe how you plan to implement the Scope of Service and demonstrate how the approach would fulfill the goals and objectives described in this RFA.
- b) Describe the location of the office where the Mental Health Case Management program will be housed and the hours of operation.
- c) Describe other behavioral health services provided by your organization, as well as any relationships your organization has with other provider entities and the structure/process you will use to avoid conflicts of interest and inappropriate self-referrals.

3. Program's Organizational Structure and Staffing Plan

- a) Describe the staffing pattern you will use to deliver the proposed services, including the supervisory roles and educational background and experience of staff to be assigned to this project. Include an organizational chart.
- b) Describe your plan to ensure that qualified staff is available 24 hours per day, 7 days per week to address crises and to prevent disruptions of service.
- c) Describe your plan to ensure adequate and appropriate supervision of staff, particularly for staff who often work offsite.
- d) Describe the training plan for staff.

4. Effectively Serving the Target Population

- a) Describe how your organization will provide a seamless transition of TCM services from the existing TCM provider.
- b) Describe how your organization will ensure that all eligible individuals referred will be accepted into Mental Health Case Management services.
- c) Describe the program's referral process, how it will be inclusive and flexible, and how the program will market the program to generate referrals.
- d) Describe how the program will use assertive outreach strategies to

- locate, engage, and enroll individuals viewed as challenging to serve.
- e) Describe how your organization will ensure that services are delivered in a culturally and linguistically competent manner, responsive to the diverse communities served.
  - f) Describe how your organization will assess and work with individuals who have limited English proficiency, including the procedures in place to address service access for these individuals.

5. Program Evaluation and Quality Assurance

- a) Describe the program's anticipated outcomes and how you will track and monitor these outcomes.
- b) Describe the quality assurance process of the organization or program (e.g., client satisfaction surveys, program evaluation, etc.).
- c) Describe the data this program will collect, including how it will be collected, who will be responsible for collecting, analyzing, and storing the data.

6. Implementation Timeline

- a) Provide a timeline to establish and execute Mental Health Case Management services.

7. Appendices

*Appendix 1* – Current or most recent state approval letters or licenses that document experience providing mental health services in Maryland under COMAR 10.63.03.04 (Mobile Treatment Services), 10.63.03.05 (Outpatient Mental Health Center), or 10.63.03.09 (Psychiatric Rehabilitation Program) or 10.09.45 (Mental Health Case Management), including the most recent accreditation, licensure, and compliance site visit report, statement of deficiencies, and corrective action plan, as applicable.

*Appendix 2* – Organizational chart

*Appendix 3* – Include two (2) letters of support that demonstrate strong collaboration effort.

## **XII. PROPOSAL EVALUATION CRITERIA**

### **TARGETED CASE MANAGEMENT SERVICES PROGRAM RATING SHEET**

#### **Organizational Background (10 points)**

· This section should provide evidence of the organization's history and experience providing one of the eligible mental health services: Mobile Treatment, Outpatient Mental Health Center, Psychiatric Rehabilitation, or at least three years of Mental

Health Case Management.

- It should also clearly show the organization's understanding of the requirements under COMAR 10.09.45 and its capacity to operate using a Fee-For-Service reimbursement model.

**Description and Goals of the Mental Health Case Management Program (25 points)**

- The description of the program should show a strong commitment to the goals of TCM.
- The applicant should demonstrate a strong understanding of the requirements listed in the Scope of Service by providing a detailed implementation plan.
- The location of services should be adequate to store case files, support staffing needs, and promote access to case management services.
- It should be clear that the program will avoid known conflicts of interest/ self-referral and respect consumer choice when connecting consumers to other services.

**Program's Organizational Structure and Staffing Plan (20 points)**

- The staffing pattern and organizational chart should demonstrate a strong understanding of the regulations that govern the staffing of Mental Health Case Management services outlined in COMAR 10.09.45.05.
- It should be apparent that qualified staff will be available 24 hours per day, 7 days per week to address the urgent needs of consumers.
- Staff training and supervision should be adequate to support staff who often works offsite and with individuals with diverse needs and backgrounds.

**Effectively Serving the Target Population (25 points)**

- This section should thoroughly explain how the applicant will effectively reach out to, engage, enroll, serve, successfully link, and ultimately discharge the target population, particularly those individuals with multiple, complex needs.
- Emphasis should be given to the partnerships the program either has or will develop for the purposes of generating referrals from and making linkages to these systems.
- This section should clearly articulate a commitment to service delivery that is culturally and linguistically competent and responsive to the diverse communities served. It should also describe how the program will work with people who have limited English proficiency, both within the Mental Health Case Management program and in connecting consumers to culturally and linguistically competent care.

**Program Evaluation and Quality Assurance (15 points)**

- The applicant should show a commitment to providing quality services by describing how quality will be defined and measured on an ongoing basis and show verification of prior compliance with COMAR and Medicaid regulations.

**Implementation Timeline (5 points)**

- The timeline should be reasonable and emphasize the transition of existing

consumers of providers not selected by this RFA process.

### **XIII. SELECTION AND CONTRACT REQUIREMENTS**

The LBHA or its designee shall select two (2) of the most qualified and responsive applicants through this RFA. Only those providers selected through this process will be permitted to serve as mental health TCM providers for adults in Prince George’s County. Selected applicants will also be required to receive and maintain approval from the Behavioral Health Administration (BHA). Upon receiving notification of award, providers selected through this RFA process shall contact the Office of Treatment Services for instructions on the process to apply for the National Provider Identifier (NPI) and the Medical Assistance provider number and to enroll with the Administrative Services Organization (ASO) as a Targeted Case Management (TCM) for Adult provider.

### **XIV. INSURANCE REQUIREMENTS**

The selected applicant shall perform services with the degree of skill and judgment, which is normally exercised by recognized professionals, paraprofessionals and voluntary service organizations with respect to services of a similar nature.

The selected applicant shall take proper safety and health precautions to protect the work environment, employees, the public and the property of others from any damages or injury resulting solely from the performance of work described herein.

The selected applicant must show evidence of commercial insurance coverage for the following exposures:

**WORKER’S COMPENSATION:** An insurance policy complying with the requirements of the statutes of the jurisdiction(s) in which the work will be performed. The selected applicant will provide coverage for these exposures on an “if any” basis. The coverage under such an insurance policy or policies shall have limits not less than:

**Worker’s Compensation: MARYLAND STATE STATUTORY LIMITS**

Employer’s Liability:	Each Accident	\$500,000
Disease Policy Limits		\$500,000
Disease - Each Employee		\$500,000

**COMMERCIAL GENERAL LIABILITY INSURANCE (CGL):** An insurance policy covering the liability of the selected applicant for all work or operations under or in connection with prospective project; and all obligations assumed by the selected applicant under the prospective project. Products, Completed Operations and Contractual Liability must be included. The coverage under such an insurance policy or policies shall have limits not less than:

BODILY INJURY AND PROPERTY DAMAGE LIABILITY  
\$1,000,000/\$2,000,000 per occurrence/ aggregate

PREMISES MEDICAL PAYMENTS       \$5,000  
PERSONAL INJURY / ADVERTISING    \$1,000,000  
Physical and Sexual Abuse \$100,000/\$300,000 per occurrence

Misc. PROFESSIONAL LIABILITY INSURANCE: A separate insurance policy to pay on behalf of the selected applicant all costs that the selected applicant shall become legally obligated to pay as damages due to any claim caused by any negligent act, error or omission of the selected applicant or any other person for whose acts the selected applicant is legally liable arising out of the performance of services under the prospective project. The coverage under such an insurance policy shall have a limit of liability not less than:

\$1,000,000 per occurrence

Should any of the described insurance policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.