

**ANNE ARUNDEL COUNTY  
MENTAL HEALTH AGENCY, INC.  
1 TRUMAN PARKWAY, SUITE 101  
ANNAPOLIS, MARYLAND 21401**

***REQUEST FOR PROPOSALS***

**FOR  
Residential Crisis Services  
(Residential Crisis Beds)**

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## **I. BACKGROUND**

Springfield Hospital Center (SHC) provides inpatient psychiatric services for Montgomery, Howard, Prince George's, Anne Arundel and Carroll Counties with an inpatient capacity of 230 beds. The Anne Arundel County Mental Health Agency (AACMHA) desires to identify vendors interested in developing and operating 16 Residential Crisis Beds in collaboration with SHC as a means of transitioning SHC patients into community settings.

## **II. SUMMARY OF PROJECT**

The selected Provider would develop and operate 16 Residential Crisis Beds in one or more buildings. The following are important components of the project:

- A. All buildings to be located off the grounds of SHC but in Carroll County or any of its adjacent counties which are Baltimore, Frederick and Howard. It is SHC's preference that the beds be located within a 45 minute drive of SHC. It is possible that the Provider may utilize buildings on the SHC grounds temporarily, up to the first 12 months after award. This will allow the program to have a quick start up, if the building(s) for the services are not ready for occupancy. However, a timeline for occupancy must be submitted, if this option is used.
- B. Average length of stay for residents would be 90 days, and the Administrative Services Organization (ASO) will be informed of this standard. It will be the Provider's responsibility to solicit and secure community placements for individuals served.
- C. All referrals will come from SHC, or another state hospital, if SHC so designates because there are no ready referrals.
- D. The Provider will not be required to accept individuals who are listed on the Maryland Sex Offender Registry.
- E. The Provider will be required to serve individuals regardless of their U.S. citizenship status.
- F. All referrals will be approved for eligibility in the Maryland Public Behavioral Health System (PBHS) and specifically for Residential Crisis Services (RCS) fee-for-service reimbursement.
- G. The Provider will be paid through a combination of fee-for-service reimbursement for covered services, such as RCS, and grant funds which can go toward costs not covered by Medical Assistance or the PBHS uninsured fee-for-service funds.

## **III. PROVIDER ELIGIBILITY**

Providers must meet the following eligibility criteria:

- A. At time of RFP response, the Provider must be an approved provider in the Maryland PBHS for any covered service, and it must demonstrate that it can become approved specifically as an RCS provider in 90 days from date of award.
- B. The Provider must demonstrate capacity and experience in billing through PBHS and in collaborating with state hospitals in transitioning patients to community settings (this does not have to have been as an RCS, Psychiatric Rehabilitation Program (PRP), or Residential Rehabilitation Program (RRP) provider).
- C. Providers will need to demonstrate capacity and experience in program development and operations, including designing innovative systems of care that bridge hospital and community services, renting or purchasing residential properties that support clinical and rehabilitation goals, hiring and training a significant number of qualified staff in a relatively short period of time, and developing positive community relations to promote integration of individuals served.
- D. The Provider will need to demonstrate capacity and experience in financial aspects of program operations. Specifically, the Provider must submit a proposed budget for the remainder of Fiscal Year (FY) 2015 and the annual budget for FY 2016. These budgets must identify costs and revenue, including the fee-for-services reimbursement and the fixed grant amounts. The budget must identify all costs reimbursed by the grant funds and why these costs are not covered by PBHS fee-for-service reimbursement (Medicaid or uninsured).
- E. Two separate bid envelopes must be submitted: one with the technical/narrative proposal, and the other with the proposed budget.

#### **IV. OFFEROR QUALIFICATIONS**

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

- Be licensed by the Office of Health Care Quality (OHCQ) by June 1, 2015.
- Be approved by the Maryland Medicaid System as a Residential Crisis Beds Provider within 90 days from the date of award.
- Provide a narrative demonstrating at least three (3) years experience operating a residential crisis beds facility that provides mental health services to populations with serious mental illness and/or substance use disorders.
- Have a valid Medicaid Provider billing number by June 1, 2015.
- Provide a copy of audited financial statements for the last two years, or demonstrate that the organization is sound and its business practices are consistent with general accounting principles.
- Have the ability to staff according to the standard of the grant, which consists of the following:
  - 26 FTE Direct Service RCS Counselors
  - 2 FTE Site Supervisors
  - 2 FTE In-Reach Coordinators
  - 1 FTE Program Manager

- Show evidence of the ability to bill the PBHS by providing an MA billing number.
- Provide proof of good standing status with the Maryland State Department of Assessments and Taxation.
- Demonstrate capacity and experience in billing through PBHS and in collaborating with state hospitals in transitioning patients to community settings (this does not have to have been as an RCS, PRP, or RRP provider).
- Meet all the requirements for “Community Mental Health Programs - Residential Crisis Services” as outlined under COMAR 10.21.26.01 – 12.

## **V. SCOPE OF WORK**

### **A. Overview**

The selected Provider would develop and operate 16 Residential Crisis beds in one or more buildings. The Provider will operate the Program in compliance with all applicable COMAR regulations, including but not limited to COMAR 10.21.26. Dedicated Provider staff will become full and active members of designated SHC treatment teams. Provider staff will meet with patients at SHC identified as candidates to step down to the RCS beds and collaborate with the treatment teams on identifying suitable patients for this transition. Provider staff will meet on a regular rotating basis with treatment teams throughout the hospital. Each hospital treatment team shall be attended within the context of a treatment team meeting, an IPOC meeting, regarding a specified patient, or a Length of Stay Meeting, at least twice per month by a provider staff person. Treatment team members shall be continually available to meet or discuss on the phone a provider's concerns or issues regarding a specific patient.

### **B. Reporting Requirements**

The Provider will develop and submit quarterly reports by the 15<sup>th</sup> of the month following the end of the quarter. These reports will present and analyze the following data: admissions and discharges from SHC and from the Program, average lengths of stay in the Program, barriers to successful transitions from the Program into appropriate community settings, and the number of Program residents returning to a state hospital.

### **C. Staffing Requirements**

The staffing pattern must be sufficient to meet the COMAR regulations concerning requirements for treatment in a residential crisis bed. Because of the unique nature of this Program and the intensive needs of the residents, the Provider will need to hire additional staff than that required by COMAR 10.21.26. Grant funds will be available to cover these additional staff positions.

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

The selected vendor will be required to sign a Memorandum of Understanding (MOU) with the Anne Arundel County Mental Health Agency. In this MOU, at a minimum, the parties will specifically address collaboration, sharing of information in conformance with applicable laws and regulations and grievances and complaints.

## **VII. PROCUREMENT PROCESS (Attachment 2)**

Issuing Agency:

Adrienne Mickler  
Executive Director  
Anne Arundel County Mental Health Agency, Inc.  
1 Harry S Truman Parkway, Suite 101  
Annapolis, Maryland 21401  
410 222-7858

## **VIII. PRE-BID CONFERENCE**

A pre-bid conference will be held on Monday, April 6, 2015. The purpose of the conference is to address questions concerning the expectations of the project. All interested parties should register with the AACMHA no later than the close of business on Friday, March 27, 2015.

## **IX. CLOSING DATE**

The deadline for submission of proposals is 11:59 pm Eastern Daylight Saving Time on Monday, May 4, 2015, at AACMHA. Please submit six (6) copies each of both the Offeror's Qualifications, Technical Proposals and Budget Analysis.

## **X. DURATION OF OFFER**

The Offeror agrees to be bound by its Technical/Narrative Proposal and Proposed Budget. AACMHA may request clarification or corrections for the purpose of evaluation. Amendments or clarifications requested by AACMHA shall not affect the remainder of the proposals, but only that portion so amended or clarified.

### **A. Timetable**

If it is deemed appropriate, Offerors submitting proposals in response to this RFP may be required to make oral presentations or negotiations of their proposals. AACMHA will schedule the time and place for such discussions, if any. It is expected that this will take place approximately two weeks after the proposal deadline, depending on the number of proposals received. It is planned that the selection of the contractor will be announced on **Wednesday, May 27, 2015** and a contract will be executed and the program will begin June 1, 2015. The announcement will also be available to Offerors on the AACMHA website at [www.aamentalhealth.org](http://www.aamentalhealth.org).

### **B. Cost of Proposal Preparation**

Any costs incurred by Offerors in preparing or submitting proposals are the sole responsibility of

the Offerors. AACMHA will not reimburse any Offeror for any costs incurred in making a proposal or subsequent pre-contract discussions, presentations, or negotiations.

### C. Selection and Ad Hoc Committee

A committee will be formed to review the proposals, score them, and recommend a selection to the AACHMA Board of Directors' Contract Committee. After acceptance of their recommendation by the AACHMA Board of Directors, AACMHA will make the contract award.

## XI. PROPOSAL SUBMISSION

### A. Form of Proposal

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

1. *Residential Crisis Services (Crisis Beds) – RFP Response – Qualification Proposal*

Offeror's name and date of proposal

2. *Residential Crisis Services (Crisis Beds) – RFP Response – Technical Proposal*

Offeror's name and date of proposal

3. *Residential Crisis Services (Crisis Beds) – RFP Response – Proposed Budget*

Offeror's name and date of proposal

### 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 AACMHA under the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. annotated Code of Maryland.

Offerors are advised that the mere assertion of confidentiality is not sufficient to make matters confidential under the act. Information is confidential only if it is customarily so regarded in the trade and/or the withholding of the data would serve an objectively recognized private interest sufficiently compelling as to override the general disclosure policy of the act. In determining whether information designated as such is proprietary, AACMHA will follow the direction provided by the AACMHA attorney when responding to requests for information

contained in proposals.

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 broad range of interested parties.

## **XII. PROPOSAL FORMAT and CONTENT**

### **A. Overview**

The proposal should address all points outlined in this RFP, and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the proposal. The sole purpose of this letter is to 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.

### **B. Qualification Format**

Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Residential Crisis Services (Crisis Beds) – Offeror Qualifications" on the outside of the package. Inside this package (an original and five copies) shall be the Offeror's Qualification submission.

### **C. Qualification Content**

Response to each qualification required.

### **D. Technical Proposal Format**

Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Residential Crisis Services (Crisis Beds) – Technical Proposal" on the outside of the package. Inside this package (an original and five copies) shall be the Offeror's Technical Proposal.

### **E. 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 AACMHA as a partner will be given preference. Additionally, preference may be given to Minority Business and/or Not-For-Profit Entities.

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 AACMHA should be identified. The Offeror must meet periodically with AACMHA staff and render periodic progress reports for the purpose of administering the contract. The Offeror shall also participate in the client tracking process approved by the Behavioral Health Administration (BHA), collecting and submitting relevant data as required by BHA. The Offeror also shall address the transition and employment of existing agency-based case managers.

#### d. Experience and Qualification of Offeror

References and descriptions of previous similar engagements should be provided (All references should include a contact person familiar with the Offeror's work and the appropriate telephone number, with authorization for AACMHA 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 have 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. Budget Proposal Format

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.

Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Residential Crisis Services (Crisis Beds) – Budget Proposal" on the outside of the package. Inside this package (an original and five copies) shall be the Offeror's budget proposal. The budget proposal should be submitted on a DHMH 432, which can be downloaded at [www.aamentalhealth.org](http://www.aamentalhealth.org), click rfp/rfi.

Budget Analysis Content

a. Overall Budget

An overall budget shall be submitted on the appropriate forms. All sources of revenues anticipated should be detailed in the submitted budget. The DHMH 432 packet is available at AACMHA, and/or can be downloaded at [www.aamentalhealth.org](http://www.aamentalhealth.org), by selecting rfp/rfi.

b. Personnel Detail Page

A personnel detail page (DHMH 432D), 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 on a separate DHMH 432 packet.

d. Collections

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

e. All line items must reconcile with the information provided in the technical submission. AACMHA reserves the right to terminate the contract at any time if inconsistencies are discovered.

### **XIII. PROPOSAL EVALUATION CRITERIA**

#### **A. Overview**

An Ad Hoc Committee shall first review Offeror Qualification package to determine that the Offeror meets qualification criteria. Proposals from qualified Offerors will then be studied in depth and evaluated. Qualification requirements will receive 20% in relative weight, technical proposals will receive 70% relative weight, and budget analysis will carry 10% relative weight. The proposals and scores, along with the Ad Hoc Committee recommendations, will be forwarded to a Selection Committee for review and final determination.

#### **B. Evaluation Method**

##### **i. Acceptable Offers (Attachment 1)**

Each member of the Ad Hoc Committee will complete a preliminary technical evaluation. All Offerors who receive a rating of 80% or more of total points possible on the technical proposal evaluation will be considered to have an acceptable offer and will receive consideration of their budget analysis. The following is the weighted scale for each component:

1.	Qualifications of Offeror	20%
2.	Technical Proposal	70%
	a. Philosophy and Approach to Service Delivery	
	b. Implementation and Operations	
3.	Response to budget	10%

##### **ii. 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.

##### **iii. Qualification Scores**

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

##### **iv. Technical Scores**

Relative values will be established by the following computation for the technical scores of each of the proposals being considered:

$$\frac{\text{Average Number of Technical Rating Points - Individual Proposal}}{\text{Average Number of Technical Rating Points - Highest Rated Proposal}} = X \text{ (Technical Score)}$$

C. Budget Analysis Score

Funding will be through the Public Mental Health System (PMHS) Fee for Service (FFS) billings and grant award. The selected provider will comply with all applicable COMAR regulations.

Up to ten points will be added to the total score, if the following criteria are met:

a. Program Budget/Technical Proposal – Personnel Reconciliation

Staff positions in programmatic budget must be outlined and reconciled with technical proposal, citing corresponding page numbers in the technical proposal.

b. Salary should be calculated and displayed as both hourly and annual rates with percentage attributed to this project included.

c. Specific licenses should be listed for personnel that match the technical proposal, citing corresponding page numbers in the technical proposal, e.g. LCSW, LCSW-C, LCPC.

d. Revenue must be broken out by CPT code:

Example:	90801	\$ 40,000
	90802	60,000
	90791	20,000
	T1016	250,000
	In-kind	<u>50,000</u>
	Total Budget	<u>\$420,000</u>

**XIV. CONTRACT REQUIREMENTS**

The selected Offeror will be required to enter into a contractual agreement with AACMHA. A sample contract packet is available at AACMHA for your information. The contents of this RFP and the proposal of the successful Offeror will be incorporated by reference into the resulting agreement. The AACMHA 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.

**RESIDENTIAL CRISIS SERVICES (CRISIS BEDS) 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 the 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.

Preference may be given to Minority Business and/or Not-For-Profit Entities.

## **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 and 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.

### **B. IMPLEMENTATION AND OPERATIONS STRATEGY (50%)**

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.

## **III. BUDGET ANALYSIS (10%)**

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

## **RESIDENTIAL CRISIS SERVICES (CRISIS BEDS) Proposal Timeline**

<b><u>STEPS TO COMPLETION</u></b>	<b><u>COMPLETION DATE</u></b>
Advertise/E-mail	March 18, 2015
Register for Pre-Bid Conference RSVP Jane Murphy, 410-222-7858, before	March 27, 2015
Pre-Bid Conference 10:00 a.m., The Partnership Conference Room	April 6, 2015
Proposal Submission Deadline Delivered to: AACMHA Attn: Residential Crisis Beds RFP 1 Truman Pkwy, Suite 101 Annapolis, MD 21401	May 4, 2015
Review Committee Packet Pick-up	May 5 and 6, 2015
Review Committee, 10:00 a.m., Partnership Conference Room	May 12, 2015
Contract Committee, 10:00 a.m., Partnership Conference Room	May 15, 2015
AACMHA Board of Directors' Approval	May 26, 2015
Contract Award Announcement	May 27, 2015
Begin Work	June 1, 2015