ADVERTISEMENT

Proposal Solicitation – Mental Health Case Management:
Care Coordination for Children and Youth

Worcester County is seeking proposals from qualified Vendors to select a Mental Health Case Management (MHCM)/Care Coordination Organization (CCO) to assist youth in gaining access to needed medical, mental health, social, educational and other services in accordance with the Code of Maryland Annotated Regulations (COMAR) 10.09.89-90 in conformity with the requirements contained herein Proposal Documents.

Proposal Documents for the above referenced project may be obtained from the Worcester County Commissioner's Office by either e-mailing the Procurement Officer, Nicholas Rice, at nrice@co.worcester.md.us or by calling 410-632-1194 during normal business hours, or via the County's Bids page on the County's website. Vendors are responsible for checking this website for addenda prior to submitting their bids. Worcester County is not responsible for the content of any Proposal Document received through any third party bid service. It is the sole responsibility of the vendor to ensure the completeness and accuracy of their Completed Proposal Documents.

A pre-proposal meeting will be held virtually via Google Meets on February 15, 2024 at 10:00am. The last day for questions will be seven days prior to the proposal opening. Sealed Proposal Documents are due no later than 2:30pm on April 8, 2024 and will be opened and read aloud in the Office of the County Commissioners, Worcester County Government Center – Room 1103, One West Market Street, Snow Hill, Maryland 21863.

Late Proposal Documents will not be accepted.

Minority vendors are encouraged to compete for award of the solicitation.

Nicholas W. Rice, CPPO, CPPB, NIGP-CPP
Procurement Officer
Worcester County, Maryland

WORCESTER COUNTY LOCAL BEHAVIORAL HEALTH AUTHORITY

REQUEST FOR PROPOSALS (RFP):
Mental Health Case Management: Care Coordination for Children and Youth

Release Date: January 16, 2024

Proposal Due Date: April 8, 2024

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RFP Overview

A. Proposal Timeline and Specifications

1. TIMELINE:

RFP Release Date	January 16, 2024
Pre-Proposal Conference	February 15, 2024
Proposal Due Date	April 8, 2024
Anticipated Awarded Notification Date	May 15, 2024
Anticipated Contract Signed Start Date	July 1, 2024

2. Response Due Date, Time, and Location: Proposals are due no later than **2:30pm Eastern Standard Time on April 8, 2024.** Late submissions will not be considered. One (1) original, and five (5) hardcopies must be submitted to:

Worcester County Administration
ATTN**: Nicholas Rice** Procurement Officer
Room 1103 Government Center
One West Market Street
Snow Hill, MD 21863-1195
410-632-1194

3. Pre-Proposal Conference:

Date: February 15, 2024
Time: 10:00am
Location: Virtual via Google Meets

Attendance by interested applicants is highly recommended but not mandatory.

- SDAT GOOD STANDING REQUIREMENT: Vendors conducting business with Worcester County will need to be registered with the Maryland Department of Assessments and Taxation (SDAT), and be in good standing.

- Providers interested in reviewing this RFP may request an electronic copy from **Nicholas Rice at nrice@co.worcester.md.us**

- The anticipated contract term has the ability to renew annually for up to five years. After five years the program will go through a Request for Proposal process. Based on this information here is the anticipated contract award timeline:

  Year 1: July 1, 2024-June 30, 2025
  Year 2: July 1, 2025-June 30, 2026
  Year 3: July 1, 2026-June 30, 2027
  Year 4: July 1, 2027-June 30, 2028
  Year 5: July 1, 2028-June 30, 2029

B. Purpose

The Worcester County Local Behavioral Health Authority (WCLBHA) is the Core Service Agency for Worcester County. The role of WCLBHA is to provide oversight, support, resources, and management of behavioral health services funded by the public behavioral health sector pursuant to Title 10- Section 1201-3 of the Annotated Code of Maryland. It is the goal of WCLBHA that the Care Coordination Organization (CCO) of Worcester County provide quality consumer and family driven services for those with substance abuse, mental health, intellectual disabilities, or any combination thereof. Services will be provided in a welcoming and holistic manner based on the unique strengths, needs, abilities and desires of all individuals across the lifespan and in an environment that ensures and respects privacy.

The purpose of this Request for Proposals (RFP) is to select a Mental Health Case Management (MHCM)/Care Coordination Organization (CCO) to assist youth in gaining access to needed medical, mental health, social, educational and other services in accordance with the Code of Maryland Annotated Regulations (COMAR) 10.09.89-90. State regulation requires Core Service Agencies (CSAs) Local Behavioral Health Authorities to procure MHCM services for their respective jurisdictions at least once every five years. In order to comply with this mandate, WCLBHA is moving forward with this RFP that will also incorporate the State's design of MHCM for youth using a multi-level care coordination model. The provider authorized to offer case management/care coordination in Worcester County via this procurement process will be required to serve all levels of care outlined in detail below. Only one provider selected through this RFP process will be authorized to provide case management/care coordination services for Worcester County.

The Maryland Department of Health (MDH) has enacted a 1915(i) State Plan Amendment (SPA) with the Centers for Medicare & Medicaid Services (CMS) to serve youth in the community who meet or are just below the residential treatment center level of care. The 1915(i) SPA will utilize intensive care coordination provided through the service delivery model via a CCO. The 1915(i) SPA for children and youth with serious behavioral health challenges makes available additional home- and community-based services. Care coordination for children and adolescents will be provided through a Care Coordination Organization (CCO) that is also approved under COMAR 10.09.89-90 Mental Health Case

Management: Care Coordination for Children and Youth.

MDH has designed three levels of care coordination, including Level 3: Intensive Care Coordination. Level 3 is a benefit available to any Medicaid-enrolled child or youth who meets the medical necessity criteria for the 1915(i) SPA. If the youth is not financially eligible for the 1915(i) SPA, despite being a Medicaid enrollee, he or she still will be able to access the Level 3 Intensive Care Coordination, even though he or she will not be eligible for the other 1915(i) SPA benefits due to federal Medicaid restrictions. Two additional lower levels of intensity are also available within the care coordination array: General and Moderate.

MDH has adopted COMAR 10.09.89-90 Mental Health Case Management: Care Coordination for Children and Youth to address the service model and rate structure for care coordination. This new multi-level continuum of care coordination will provide care coordination to children and youth to support a transition, remain in their home or current living environment, move to a lower intensity of services or restrictiveness of placement, avoid psychiatric hospitalization, or otherwise maintain and improve functioning and well-being.

- Level 1: **General Care Coordination** - eligible children and youth who need a basic level of care coordination and support. This level incorporates values and principles of Systems of Care and includes a strengths-based, individualized, culturally responsive, and comprehensive plan of care. COMAR 10.09.90.05

- Level 2: **Moderate Care Coordination** - eligible children and youth who need a moderate level of care coordination and support. This level further incorporates principles and elements of Systems of Care including developing a collaborative, strength-based, culturally responsive, comprehensive and individualized plan of care utilizing a Child and Family Team (CFT) process. COMAR 10.09.90.06

- Level 3: **Intensive Care Coordination** - eligible children and youth who need an intensive level of care coordination and support. This level also includes youth eligible for the 1915(i) service array. COMAR 10.09.90.07

Providers selected though this procurement will commit to providing MHCM/Care Coordination to eligible participants in Worcester County in accordance with COMAR 10.09.89-90. The selected provider also commits to closely collaborating with LBHA in the ongoing development and implementation of the services.

Though-out this document, COMAR is cited as the primary reference for regulations pertaining to Mental Health Case Management Care Coordination for Children and Youth. The selected applicant via this RFP process will be required to maintain compliance with current and future COMAR regulations, including protocols on accreditation, if applicable.

Preference will be given to applicants who demonstrate history of and ability to effectively serve children and youth up to age 21 years old with serious behavioral health needs and their families, safely and effectively in the community using Systems of Care (SOC) values and principles.

C. Applicant Qualifications

Applicants must meet all of the below-listed criteria to be considered:

1. Be eligible for approval as a Mental Health Case Management: Care Coordination provider pursuant to conditions 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 Mental Health Case Management: Care Coordination.

2. Be licensed and accredited under COMAR 10.63.03.04 (Mobile Treatment Service Program), 10.63.03.05 (Outpatient Mental Health Center), or 10.63.03.10 (Psychiatric Rehabilitation Program for Minors), OR have three years of documented experience as a mental health case management: care coordination provider under COMAR 10.09.89-90 by April 8, 2024.

3. Have a Medicaid provider agreement in effect or have submitted an application for a provider agreement at the time of application.

4. Demonstrate knowledge of content evidence-based practices for children's mental health policy and program development.

5. Demonstrate organizational capacity to participate in the fee-for-service reimbursement system. Demonstrate a commitment to providing high quality services that are responsive to the diverse communities throughout Worcester Counties.

6. Comply with provider qualifications within issued for all care coordination and 1915(i) providers, including, but not limited to, compliance with:
   - Title 5, Subtitle 5, Part VI, of the Family Law Article of COMAR, which requires employees of facilities and other individuals that care for or supervise children to have a national and state criminal history check at a designated law enforcement office in Maryland. Any staff person employed under this project will be required to pass a criminal history check as outlined above, as well as a Child Protective Services clearance;

   - Youth care coordination staff or other equivalent training and certification, as required by MDH;

- Having all plans of care supervised by a licensed mental health professional with a minimum of a master's degree and 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: Social Work, Professional Counseling, Psychology, Nursing, or Medicine.

D. <u>Maryland's Systems of Care (SOC) for Children and Adolescents</u>

Maryland is actively implementing SOC for children and youth with behavioral health needs. SOC has been defined as a spectrum of effective, community-based services and supplies for children and youth with, or at-risk for, behavioral health or other challenges and their families, that is

- organized into a **coordinated network,**
- builds meaningful **partnerships** with families and youth, and
- addresses their **cultural and linguistic needs,**

In order to help them to function better at home, in school, in the community, and throughout life.

SOC embodies the fundamental principle that children and youth have the greatest opportunity for normal, healthy development when ties to the community and family are maintained. Maryland's Children's Cabinet and child and family serving agencies seek to support children and youth with emotional and/or behavioral challenges and needs, and their family/caregivers by providing them with behavioral healthcare services and complementary services and supports appropriate to their needs, at the appropriate level of service and for the appropriate length of time. Children, youth and families should have access to necessary services and supplies in the least restrictive, most appropriate, and most effective environment possible. Therefore, through organized SOC, Maryland is committed to providing services and supports that are:

- Individualized, reflecting a continuum of services and/or supports, both formal and informal, based on the unique strengths of each child or youth and their family/caregivers;

- Provided in the least restrictive, most natural setting appropriate to meet the needs of the child, youth and family;

- Family-driven and youth-guided, with families and youth engaged as active participants at all levels of planning, organization and service delivery;

- Community-based, coordinated and integrated with the focus of services, management and decision-making responsibility resting at the community level;

- Culturally and linguistically competent, with agencies, programs, services and supports that are responsive to the cultural, racial and ethnic differences of the populations they serve;
- Protective of the rights of children or youth and their family/caregivers; and,
- Collaborative across child- and family-serving systems, involving behavioral health, child welfare, juvenile services, education, substance abuse, developmental disabilities, somatic health and other system partners who are responsible for providing services and supports to the target population.

E. <u>Requirements of Service Delivery</u>

1. Provider selected through this process will be required to align service delivery with SOC values and principles and ensure that care coordination is grounded in a strengths perspective, driven by underlying needs, supported by effective CFT process and determined by families.
2. Provider selected through this process will be required to maintain written documentation in the individual's personnel file that the director and all direct service provider staff including, but not limited to, volunteers, interns, and students, are in compliance with required criminal background checks and check for abuse or neglect as required by Title 5, Subtitle 5, Part V, of the Family Law Article of COMAR and COMAR 14.31.06.05.
3. Care coordinator supervisors and care coordinators will be required to participate in training related to standardized tools, as required by BHA or its designee.
4. Provider selected through this process must have a Medicaid provider agreement in effect, to include adherence to quality assurance, auditing, and monitoring policies and procedures.
5. Provider selected through this process must maintain general liability insurance, and provide proof of this insurance.
6. Provider selected through this process must make available to WCLBHA, BHA, the State Medicaid Authority, and federal funding agents all records, including but not limited to personnel files for each individual employed and financial, treatment, and service records for inspection and copying.
7. Provider selected through this process will be required to provide detail on behavioral health services provided by their organization as well as any relationship their organization has with any provider/provider entity and the

structure/process or firewall they will use to avoid conflicts of interest, self-referrals and the appearance of impropriety. The selected contractor will be subject to a continuing requirement to disclose should any such relationship develop or materially change at any time while serving as a /CCO.

8. Provider selected through this process will be required to be physically located in Somerset, Wicomico, or Worcester Counties.

9. Provider selected through this process will be expected to participate in all quality assurance, monitoring, and evaluation processes implemented by MDH, WCLBHA, or their contracted partners, and will provide data requested in a timely and comprehensive manner for all levels of care coordination.

10. Provider selected through this process will be expected to follow systems required by Medicaid, WCLBHA, or the Administrative Service Organization (ASO) for billing, utilization management, and quality assurance purposes.

11. Develop a network of community based resources to address youth, family and individual needs.

12. Conduct yearly satisfaction surveys with youth, families, individuals, and community miners for continuous quality improvement (CQI) purposes.

13. Develop and implement an outreach plan to emergency departments, other PBHS levels of care and other community partners to ensure that providers can refer for services.

14. Attend trainings as specified by WCLBHA or BHA.

15. Maintain compliance with required staffing per COMAR 10.09.89-90.

16. Attend local meetings as identified by WCLBHA, which could include but is not exclusive to, provider councils, steering committees, etc.

F. Overview of the Project and Deliverables

1. Scope of Service

Target Population: CCO will serve individuals that have the most significant needs. This service is an effective resource to keep children and adolescents in the community in the least restrictive living environment, or with family, and out of local emergency departments, local detention facilities, and assist with linkages necessary to obtain and maintain school, employment, housing, benefits and entitlements.

2. Proposed Levels of Care Coordination

Children and Adolescents: Care is a foundational element of Maryland's SOC that help youth and their family's connect with much-needed resources within their communities. The selected applicant is expected to adopt the core principles of SOC and apply them to all levels of service.

The selected applicant will implement all levels of care coordination in order to connect youth with serious emotional disorders or co-occurring disorders and their families with behavioral health and somatic care, shelter, food, and income. It is expected that CCOs play an active role in transitioning youth out of higher levels of care, such as RTC and inpatient hospitalizations. Care coordination will also act as a preventative service by helping families to acquire and maintain stability in the community, thus reducing the number of inpatient services utilized.

Prospective applicants should refer to the current COMAR section 10.09.90.16 G for a detailed description of the service provision for the levels of care. Care coordination is based on a 15-minute per unit structure. Billing units and fee-for-service rates are established in COMAR 10.09.90.16 G (1) (2) (3) (4).

3. Care Coordination Organizations in Maryland

A CCO is "an organizational entity that serves as a centralized accountable hub to coordinate all care for youth with complex behavioral health challenges who are involved in multiple systems, and their families." In Maryland, a CCO provides:

1. A youth-guided and family-driven, strengths-based approach that is coordinated across agencies and providers;

2. Three levels of care coordination; and, home- and community-based services and peer support as alternatives to costly residential and hospital care for children and adolescents with severe behavioral health challenges.

Level 3 Intensive Care Coordination for 1915(i) and non-1915(i) participants will be implemented by CCOs according to standards set forth in the CMS approved State Plan Amendments for this program. Maryland utilizes CCOs to advance its SOC and, as such, there are additional principles, values, and guidelines that must be reflected in the work of the CCO:

   a. The delivered services must be coordinated with physical health care, substance abuse treatment and developmental disability treatment needs;

   b. The delivered services must be collaborative across the child- and family-

serving systems, involving mental health, child welfare, juvenile justice, education, substance abuse, developmental disabilities, somatic health, and other system partners who are responsible for providing services and supports to the target population;

c. Resources should be maximized to the greatest possible extent, including using services that are available without charge, covered by applicable insurance (private or public) and leveraging federal funds;

d. Evidence-Based Practices should be incorporated and supported to the extent that they are appropriate to meet the child's and family individualized plan of care;

e. Both the quality and the cost of care must be recognized as important and inter-related.

The Table below lists common CCO functions along with structure and responsibility for each function during 1915(i) implementation.

CCO Functions	**Structure/Responsibility**
Care Coordination	• CCO/MHCM Provider performs.
Access to Family and Youth Peer Supports and Advocacy	• CCO/MHCM Provider assists participant and family in accessing family and youth support to include: o Use of peer support available through State and local contracts; and , o Use of peer supports as a billable service under the 1915(i) implementation; o Use of natural supports as identified by the Child and Family Team.
Access to Crisis Supports	• Use crisis supports contracted by the State and/or BHA. • Use the crisis response and stabilization as a billable service under the 1915(i) implementation.

Utilization Management	• Formal responsibility lies with statewide ASO and the State Medicaid Authority. • CCO Provider assists BHA, ASO and Medicaid Authority in monitoring utilization at the child/family level and ensures care plans meet quality and cost goals.
Quality Improvement and Outcomes Management	• Responsibility is shared by the CCO Providers, BHA, the CSA and the ASO, with the CCO playing a critical role at the child/family level.

4. <u>Quality Assurance</u>

The MHCM/CCO shall have a written quality assurance (QA) plan. The QA plan shall address, at minimum, the following:

1. Health, safety and welfare protocols, including critical incident and crisis service management protocols;
2. Child/youth, family and individual satisfaction;
3. Complaints and grievances processes; and
4. Utilization and outcomes management.

The QA plan must describe how key stakeholders *(e.g.,* families and children/youth, providers, State purchasers) will be engaged in QA processes. At the direction of WCLBHA and BHA, the CCO may be required to amend and/or adjust the QA plan as the care coordination model evolves.

<u>Deliverables</u>

Program-wide Deliverables

a. Submit required data and reports to WCLBHA
b. Submit quarterly programmatic reports to WCLBHA
c. Submit caseload report to WCLBHA on a quarterly basis
d. Submit reportable events and critical incidents to WCLBHA and BHA as required by COMAR 10.63.01.05C. Critical incident forms must be submitted in all

circumstances as described in COMAR 10.63.01.02.

e. Develop a network of community-based resources to address youth/family
f. Track linkages to community-based resources by resource type (e.g. housing, food, recreation, mental health, substance abuse, somatic)
g. Track number of youth stepped up from a lower level of MHCM
h. Track number of youth stepped down from a higher level of MHCM
i. Track number of youth stepped up to higher level of care through inpatient hospitalization and/or Residential Treatment Center (RTC) placement
j. Communicate eligibility determinations with family and individuals as per regulation
k. Conduct consumer satisfaction surveys with youth/families and individuals for continuous quality improvement (CQI) purposes
l. Develop and implement an outreach plan to RTC's, ER's and other PBHS levels of care to ensure that providers can refer participants and participants have access to additional treatment options
m. Attend trainings specified by WCLBHA and BHA and other trainings as appropriate
n. Report on compliance with required staffing pattern and training

Levels 1 and 2

a. Submit client-level demographics, clinical information and encounter information into the ASO consumer registration and authorization system; as determined by BHA.
b. Track number of unduplicated youth enrolled
c. Track number of youth with developed Plan of Care
d. Track youth/families connected with care during service period (e.g. entitlements, housing, health, behavioral health, somatic, insurance, employment)
e. Report service area needs identified at enrollment, including, mental health, housing, employment, insurance, entitlements
f. Report services/benefits attained by clients in the aforementioned categories
g. Report number of discharges
h. Report all outcomes on a quarterly basis as required
i. Add or modify data points for collection and reporting as required

Level 3 and 1915(i)

a. Screen youth for eligibility based on criteria for Level 3 and 1915 (i) and notify family of eligibility status within 72 hours of determination
b. Contact caregiver of eligible youth within 72 hours of determination to schedule first face-to-face meeting
c. Provide individualized CANS scores for each youth enrolled every 90 days and

conduct other assessments as prescribed by WCLBHA

d. Submit required documentation to WCLBHA for authorization for Level 3/1915(i)
e. Create Plan of Care along with crisis plan for each youth within specified timeframes
f. Conduct CFT meetings as needed and at a minimum of every 45 days
g. Track number of unduplicated youth referred for Level 3 or 1915(i)
h. Track number of unduplicated youth who were referred that are eligible for Level 3 or 1915(i)
i. Track number of unduplicated youth who enrolled after being deemed eligible for Level 3 or 1915(i)
j. Track number of unduplicated youth deemed ineligible for Level 3 or 1915(i)
k. Refer those deemed ineligible to appropriate resources (track those resources)
l. Track number of youth stepped clown from RTC or other Inpatient level of care who were referred for Level 3/1915(i) (by agency)
m. Track number of youth that go into inpatient hospitalization or RTC placement while enrolled in Level 3/1915(i)
n. Track the number of discharges
o. Track reasons for discharge
p. For youth who turn age 22, track what services they are linked to as they transition to the adult service system
q. Report client and program outcomes quarterly as negotiated with WCLBHA

Staffing Requirements

The applicants should refer to COMAR 10.09.89-90 for the staffing requirements for Mental Health Case Management: Care Coordination, including Care Coordinators and Care Coordinator Supervisors. It is important to highlight the one (1) to eight (8) staffing ratio for Independently Licensed Mental Health Clinicians (typically in the role of Care Coordinator Supervisors) to Care Coordinators per COMAR. If the Care Coordinator Supervisor is not an Independently Licensed Mental Health Clinician, they must be supervised by an Independently Licensed Mental Health Clinician who will maintain the 1 Full Time Equivalent (FTE) to 8 FTE ratio.

Employing qualified, highly trained, and experienced staff is a critical component of Care Coordination due to the diverse needs of individuals served. In addition to the requirements set forth in COMAR, programs selected through this procurement will be expected to have robust staff training plans that include at least the following: obtaining and maintaining entitlements, cultural and linguistic competence, person centered planning, strengths-based case management, and motivational interviewing. Training for

the Care Coordination model is available through the University of Maryland, School of Medicine. All Care Coordinators and Care Coordinator Supervisors are required to complete this training series per the Behavioral Health Administration's prescribed timelines. Annual certification related to the CANS assessment tool is also required for all Care Coordinators and their Supervisors and is available at no cost through Northwestern University.

Staff should be provided with suitable supervision using methods of support and accountability that are tailored for staff who spend most of their time in the field.

Reporting

The selected applicant will be expected to report client-level data to WCLBHA and its partners. Quarterly program reporting may be required on key indicators that are assessed throughout the clients' tenure with the program. WCLBHA will collaborate with the selected provider on the data points and method of data submission. The selected contractor will use their organizational electronic health record to record the relevant information for reporting activities.

The CCO will also be required to follow the Reportable Events policy and procedure to be defined under the 1915(i). For definitions of Reportable Events and a sample policy used for the 1915(i).

Outcomes

Children and Families

WCLBHA in conjunction with BHA and Children's Cabinet systems partners, manages a SOC that is responsible for concrete outcomes that reflect the State's commitment to maintaining ties among youth, their families, and communities while delivering effective clinical care and social support services to youth with emotional and behavioral challenges.

For 1915(i) youth, there are specific data points that are mandated by State Medicaid and BHA based on the approved State Plan Amendment (SPA). The SPA indicates that the following data is to be collected by CCOs and report to local and state authorities:

- % of youth with a CFT meeting within the last 45 days;
- % of participants whose plan of care (POC) was updated to include change in progress, services or other areas within five (10) days of the team meeting;

- % of participants whose POC indicates they were afforded choice in the selection of services and providers;
- % of youth who are dis-enrolled as a result of moving to a setting that is not authorized in this SPA.
- % of youth who reside within approved living situations or who is in a result of moving to a setting that is not authorized in this SPA; and
- % of replicable events involving abuse, neglect, and/or unexplained deaths reported according to policy.

Additions or changes to the 1915(i) data requirements may be modified at the discretion of State Medicaid or BHA.

G. <u>Format and Content of Proposal</u>

<u>Instructions</u>: Applicants should provide all required information in the format below.

The proposal should be submitted in Times New Roman 12-point font, single-spaced with page numbers, and printed single-sided on 8 ½" x 11" papers.

One original and **<u>five duplicates</u>** of the full proposal along with a Cover Letter shall be placed into a sealed envelope labeled with the following information:

- Applicant organizational name(s) and address(es)
- Title of this RFP in the lower right-hand corner
- Applicant's contact person's name, email address and telephone number
- Electronic submission will be requested after the deadline date.

<u>Cover Letter</u>

The cover letter should be completed, signed and dated by an authorized representative of each applicant organization. The cover letter must include the full legal name of the applicant organization.

<u>Program Proposal</u>

The proposal should be a clear, concise narrative that is organized by and responsive to each of the below sections and criteria.

A.Table of Contents

B. <u>Understanding of and Commitment to System of Care and Person-Centered Care Practice</u> (15 Points)

1. Demonstrate understanding of System of Care practice and principles delivery model.

2. Demonstrate understanding of Person-Centered Care.

3. Describe efforts your organization has and/or intends to make to reflect System of Care principles, Service delivery model, and Person-Centered Care within administration, operations and practice to include, as applicable, Board of Directors membership, organization culture, service delivery, and partnerships.

C. <u>Organizational Capacity & Expertise</u> (25 Points)

1. Provide documentation of your organization's capacity to be approved as a Mental Health Case Management provider under COMAR 10.09.89-90 and meet the criteria to be considered for funding as detailed in the Applicant Qualifications Section of this RFP.

2. Provide a brief statement of your organization's history and experience in delivering mental health services to children and youth with serious behavioral health challenges makes available additional home- and community-based services.

3. Describe your agency's vision and philosophy for strengthening and supporting families who have children with intensive needs that require cross-agency and cross-discipline interventions to keep them in their homes/communities.

4. Provide a brief statement describing your organization's three strongest assets in the provision of behavioral health services.

5. Provide a brief description of your organization's history of forming partnerships with other community-based organizations. Include description of any partnerships or collaborations with public agencies, private service providers, businesses, religious organizations, law enforcement agencies, or other community-based organizations that have helped you to deliver your services to families and individuals.

6. Describe your experience operating similar services to those in this RFP's Scope of Work and Deliverables within the past four years, including the ability to function as a provider and CCO, provide service delivery, and adhere to SOC practice and principles. Include numbers of families served, race/ethnicity and languages spoken, strengths and needs of families, specific program services, and any data collected to measure the results of the program and what that data show regarding your effectiveness.

7. Provide a brief statement of how your organization's current practices ensure that services are delivered in a culturally competent manner, responsive to the diverse communities served, including languages, histories, traditions, beliefs and values.

8. 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 along with your agency's process for addressing cultural competency, in general. More specifically, describe your agency's process for addressing cultural competency in the context of developing plans of care and conducting Child and Family team meetings for individuals/families with limited English proficiency.

9. Provide information demonstrating your organization's capacity to be successful in implementing assessment instruments and data management systems.

10. Describe your organization's history for meeting program goals, achieving positive outcomes for children, families, and meeting targets for the submission of required data on service delivery and activities.

11. Describe your organization's capacity to access reimbursement through the Public Behavioral Health System for mental health treatment services.

12. Describe the location of the office where the care coordinator staff and case files will be housed and how it promotes access to families.

13. Include ***two*** letters of support as attachments that demonstrate strong collaboration efforts of your work within a multi-systemic framework.

14. Provide a timeline for hiring, recruiting and training of all staff responsible for the services in this RFP.

D. <u>Approach</u> (35 Points)

<u>Program Plan</u>

1. Describe how the applicant would implement the Scope of Service and demonstrate how the approach would fulfill the values of WCLBHA. This section should be as detailed as possible and *<u>must</u>* include an Implementation *<u>timeline</u>*.

2. Describe how many total unduplicated youth applicant plans to serve program-wide through care coordination (including a breakout by level of care);

3. Proposed caseload ratios for each level;

4. Plan for meeting the needs of transitional aged youth;

5. Plan to handle future increases in demand for services and capacity;

6. A work plan should accompany the timeline to outlines roles and key milestones in the core implementation areas, to include:

    i. Policies and procedures to address the program model, crisis response, reportable events, and consumer complaints
    ii. Human resources development - recruitment/hiring, staff performance review and feedback, training and professional development, and supervision
    iii. Continuous quality control improvement for internal organization processes and client-driven outcomes. Describe how you will reach out to engage families and individuals upon referral, ensure that the Plans of Care are family- youth or adult-driven, and retain active family, youth or adult participation throughout the service time frame.

7. Describe how you will keep track of the required timeframes for assignment of Care Coordinators Plan of Care.

8. Describe how the organization will handle communication with families and individuals of approvals or denials for services.

9. Describe how you will manage enrollment processes for Level 3 and 1915(i) youth, accounting for the additional Certificate of need documentation and financial eligibility screening. Please indicate how your organization anticipates serving a family denied the highest level of intensity of care coordination (Level 3/1915(i)), as well as what other services may be available in the local community.

10. Describe your plan for marketing and communicating the care coordination any of services to local partners and families.

11. Describe how you will enhance your current relationship with other child, and adult- serving and community-based organization, businesses, religious organizations, law enforcement agencies, or other community-based organizations in order to facilitate appropriate linkages and services to families and adults to meet needs identified in the Plans of Care by the Child and Family Teams.

12. Describe how you will incorporate families and community members into ongoing resources/services/ strength identification and evaluation process.

13. Describe how you will identify and engage informal and natural supports for each

family

14. Describe how you will ensure that continual assessment of child and family

15. Describe your policies and procedures for handling critical incidents.

16. Describe your plan to ensure that qualified staff is available 24 hours per day, 7 days per week to address crises and prevent disruptions of service. The CCO must ensure that staff maintain flexible work hours to ensure that they are available at times when the families and individuals are available, which may include early morning, evening, and weekend hours.

17. Provide examples of how you intend to involve families, youth, and agency stakeholders in policymaking and operations.

18. Provide detail on behavioral health services provided by your organization as well as any relationship your organization has with any provider/provider entity and the structure/process or firewall you will use to avoid conflicts of interest, self-referrals and the appearance of impropriety.

Data Collection and Record-Keeping

1. Describe your format for record-keeping (paper and/or electronic) and how you will keep Case Record Files up-to-date, accounting for timelines required for Plans of Care, crisis plans, etc. Describe your internal review process for quality control of records.

2. Describe how you will keep Case Record Files and other data entry confidential.

3. Describe how the case information will be entered into your organization's electronic health record in a timely manner.

4. Describe how you will collect and maintain information so that you can respond to reporting requirements.

5. Describe protocols and policies in place to protect confidentiality and client information and records as per the Health Insurance Portability and Accountability Act.

Evaluation and Continuous Quality Improvement

1. Provide your organization's Quality Assurance Plan.

2. Describe how you will design your service delivery to ensure achievement of the identified program performance measures.

3. Describe how you will use the data collected for reporting and evaluation purposes to maintain and strengthen your service's success in impacting families and meeting the program performance measures. Describe the processes your organization intends to employ to assure that behavioral health service delivery is monitored and leads to continuous quality improvement efforts.

E. <u>Budget and Budget Narrative</u> (10 Points)

SEPARATE FROM/ THE REST OF THE PROPOSAL.

Please provide a line-item budget using the budget form 432B. (Attachment B) Please refer to content MHCM regulation for actual rates. The budget should be developed based on all available information at the time this proposal is issued.

A Budget Narrative is also required. The Budget Narrative should provide justification of each line-item expense related to the funds requested in your proposal. The budget and budget narrative should include the following:

- Anticipated fee-for-service revenue;
- The total projected actual program cost, including the identification of any additional revenue sources that support this proposal (e.g. matching grant or local government funding);
- Line-item operational costs detailing all expenses related to the program's costs;
- Line-item staff costs including detailed fulltime equivalents;
- Outline which services associated with this project will be billed through third party payers, such as fee-for-service revenue;
- A clear description in the narrative of the fee-for-service fund uses and historical collection rates;

F. <u>Staffing Plan</u> (10 points)

Describe the educational background and experience of licensed mental health professional staff to be assigned to this project. Include a copy of all licenses and professional certifications of current staff. If the applicant plans to bring on new hires, copies of relevant licensure and background checks must be sent to WCLBHA within 2 weeks of date of hire. Those working with children may not be hired until criminal background checks have been complete and results received. Please describe the recruitment process to appropriately staff MHCM/Care Coordination. In addition, explain how your organization would handle any staff vacancies, should they occur. Indicate any relevant trainings your agency will make available to staff and/or skills staff possesses to maximize successful implementation of the scope of work as outlined in this RFP.

a. Provide an organizational chart and staffing plan for the proposed position(s) as an attachment.

b. Indicate your plan for recruitment, retention, and supervision of staff to assure implementation of mental health services as described in this RFP. In addition, explain how your organization would handle any staff vacancies, should they occur. Indicate any relevant trainings and/or skills staff possesses to maximize outcomes and implementation of the Scope of Service outlined in this RFP.

c. Describe the staffing pattern you will use to deliver the proposed services which will ensure the required availability to families during traditional and non--traditional hours.

d. Describe recruitment, retention and supervision practices that your agency plans to employ and retain licensed mental health professionals.

e. Describe organizational management (i.e., staff supervision and accountability, and how this approach will ensure the project's goals and objectives are met), including the flexibility to dedicate staff to these efforts during the period of the contract.

f. Provide the names and titles of the key management personnel directly involved with supervising the services rendered under the contract.

g. Describe administrative services and oversight; include how administrative oversight would be provided and how the approach would be responsive to and supportive of the goals and objectives of the project.

G. <u>Supporting Documents</u> (Appendices for Submission)

All proposals must contain the following as appendices:

a. 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 10.63.03.10 (Psychiatric Rehabilitation Program) or 10.09.89-90 (Mental Health Case Management: Care Coordination).

b. Agency organizational chart.

c. Program organizational chart.

d. Two letters of support that demonstrate strong collaboration efforts with youth and family service programs, entities, agencies, etc.

e. Your most recent Office of Health Care Quality Site Visit Report and applicable Statement of Deficiencies.

f. Certificate of Good Standing status with the Maryland State Department of Assessments and Taxation.

g. Most recent Financial Audit and Management Letter (if applicable).

H. Evaluation and Conditions

All proposals accepted by the Worcester County Local Behavioral Health Authority will be reviewed to determine whether they are satisfactorily responsive to this RFP. Proposals that are determined to lack satisfactory responsiveness will not be reviewed or rated. An evaluation committee will evaluate and rate all responsive proposals based on the evaluation criteria listed below.

Rating Criteria:

Grantees will be selected, and funds awarded based on the following:

Understanding of and Commitment to System of Care Practice **15 points**

- Based upon adequacy of response to listed criteria.

Organization Capacity & Experience **25 point**

- Based upon adequacy of response to listed criteria.

Approach **35 points**

- Based upon adequacy of response to listed criteria.

Budget and Budget Narrative **10 points**

- Based upon adequacy of response to listed criteria.

Staffing Pattern **10 points**

- Based upon adequacy of response to listed criteria.

Completeness of the Application **5 points**

- The Evaluation Committee will consider the completeness of the application and the clarity of the statements within the proposal, including availability and accuracy of supporting documentation.

Maximum Points=100

Basis for Contract Award

A contract award will be made to applicants whose proposals are determined to be the most advantageous to achieving the goals and objectives, taking into consideration the budget, budget narrative and such other factors or criteria set forth in the RFP. The contract award shall be subject to: the timely completion of contract negotiations between the WCLBHA and the selected applicant, and demonstration that, as of the contract start date, the contractor has sufficient administrative and management capabilities to operate the program.

Applicant Cost

Applicants ***will not*** be reimbursed for any costs incurred to prepare proposals.

WORCESTER COUNTY MARYLAND

STANDARD TERMS

The provisions below are applicable to all Worcester County ("County") contracts. These provisions are not a complete agreement. These provisions must be attached to an executed document that identifies the work to be performed, compensation, term, incorporated attachments, and any special conditions ("Contract"). If the Standard Terms and any other part of the Contract conflict, then the Standard Terms will prevail.

1. **Amendment**. Amendments to the Contract must be in writing and signed by the parties.
2. **Bankruptcy**. If a bankruptcy proceeding by or against the Contractor is filed, then:
    a. The Contractor must notify the County immediately; and
    b. The County may cancel the Contract or affirm the Contract and hold the Contractor responsible for damages.
3. **Compliance with Law.** Contractor must comply with all applicable federal, state, and local law. Contractor is qualified to do business in the State of Maryland. Contractor must obtain, at its expense, all licenses, permits, insurance, and governmental approvals needed to perform its obligations under the Contract.
4. **Contingent Fee Prohibition**. The Contractor has not directed anyone, other than its employee or agent, to solicit the Contract and it has not promised to pay anyone a commission, percentage, brokerage fee, contingent fee, or other consideration contingent on the making of the Contract.
5. **Counterparts and Signature**. The Contract may be executed in several counterparts, each of which may be an original and all of which will be the same instrument. The Contract may be signed in writing or by electronic signature, including by email. An electronic signature, a facsimile copy, or computer image of the Contract will have the same effect as an original signed copy.
6. **Exclusive Jurisdiction.** All legal proceedings related to this Contract must be exclusively filed, tried, and maintained in either the District Court of Maryland for Worcester County, Maryland or the Circuit Court of Worcester County, Maryland. The parties expressly waive any right to remove the matter to any other state or federal venue and waive any right to a jury trial.
7. **Force Majeure**. The parties are not responsible for delay or default caused by fire, riot, acts of God, County-declaration-of-emergency, or war beyond their reasonable control. The parties must make all reasonable efforts to eliminate a cause of delay or default and must, upon cessation, diligently pursue their obligations under the Contract.
8. **Governing Law**. The Contract is governed by the laws of Maryland and the County.
9. **Indemnification**. The Contractor must indemnify the County and its agents from all liability, penalties, costs, damages, or claims (including attorney's fees) resulting from personal injury, death, or damage to property that arises from or is connected to the performance of the work or failure to perform its obligations under the Contract. All indemnification provisions will survive the expiration or termination of the Contract.
10. **Independent Contractor**.
    a. Contractor is an "Independent Contractor", not an employee. Although the County may determine the delivery schedule for the work and evaluate the quality of the work, the County will not control the means or manner of the Contractor's performance.

b. Contractor is responsible for all applicable taxes on any compensation paid under the Contract. Contractor is not eligible for any federal Social Security, unemployment insurance, or workers' compensation benefits under the Contract.

c. Contractor must immediately provide the County notice of any claim made against Contractor by any third party.

11. **Insurance Requirements**.

a. Contractor must have Commercial General Liability Insurance in the amounts listed below. The insurance must include coverage for personal injury, discrimination, and civil rights violation claims. All insurance must name County, its employees, and agents as "ADDITIONAL INSURED". A copy of the certificate of insurance must be filed with the County before the Contract is executed, providing coverage in the amount of $1,000,000 per occurrence, $2,000,000 general aggregate, and $500,000 for property damage.

b. Contractor must have automobile insurance on all vehicles used in the Contract to protect Contractor against claims for damages resulting from bodily injury, including wrongful death, and property damage that may arise from the operations in connection with the Contract. All insurance must name County, its employees, and agents as "ADDITIONAL INSURED".

c. Contractor must provide the County with a certification of Workers' Compensation Insurance, with employer's liability in the minimum amount required by Maryland law in effect for each year of the Contract.

d. All insurance policies must have a minimum 30 days' notice of cancellation. The County must be notified immediately upon cancellation.

e. When insurance coverage is renewed, Contractor must provide new certificates of insurance prior to expiration of current policies.

12. **Nondiscrimination**. Contractor must not discriminate against any worker, employee, or applicant because of religion, race, sex, age, sexual orientation, physical or mental disability, or perceived disability. This provision must be incorporated in all subcontracts related to the Contract.

13. **Ownership of Documents; Intellectual Property**.

a. All documents prepared under the Contract must be available to the County upon request and will become the exclusive property of the County upon termination or completion of the services. The County may use the documents without restriction or without additional compensation to the Contractor. The County will be the owner of the documents for the purposes of copyright, patent, or trademark registration.

b. If the Contractor obtains, uses, or subcontracts for any intellectual property, then it must provide an assignment to the County of ownership or use of the property.

c. The Contractor must indemnify the County from all claims of infringement related to the use of any patented design, device, materials, or process, or any trademark or copyright, and must indemnify the County, its officers, agents, and employees with respect to any claim, action, costs, or infringement, for royalties or user fees, arising out of purchase or use of materials, construction, supplies, equipment, or services covered by the Contract.

14. **Payments**. Payments to the Contractor under the Contract will be within 30 days of the County's receipt of a proper invoice from the Contractor. If an invoice remains unpaid 45 days after the invoice was received, interest will accrue at 6% per year.

15. **Records**. Contractor must maintain fiscal records relating to the Contract in accordance with generally accepted accounting principles. All other relevant records must be retained by Contractor and kept accessible for at least three years after final payment, termination of the Contract, or until the conclusion of any audit, controversy, or litigation related to the Contract. All subcontracts must comply with these provisions. County may access all records of the Contractor related to the Contract.

16. **Remedies**.

    a. **Corrections of errors and omissions**. Contractor must perform work necessary to correct errors and omissions in the services required under the Contract, without undue delays and cost to the County. The County's acceptance will not relieve the Contractor of the responsibility of subsequent corrections of errors.

    b. **Set-off**. The County may deduct from any amounts payable to the Contractor any back-charges, penalties, or damages sustained by the County, its agents, or employees caused by Contractor's breach. Contractor will not be relieved of liability for any costs caused by a failure to satisfactorily perform the services.

    c. **Cumulative**. These remedies are cumulative and without waiver of any others.

17. **Responsibility of Contractor**.

    a. The Contractor must perform the services with the standard of care, skill, and diligence normally provided by a Contractor in the performance of services similar the services.

    b. Notwithstanding any review, approval, acceptance, or payment for the services by the County, the Contractor will be responsible for the accuracy of any work, design, drawings, specifications, and materials furnished by the Contractor under the Contract.

    c. If the Contractor fails to conform with subparagraph (a) above, then it must, if required by the County, perform at its own expense any service necessary for the correction of any deficiencies or damages resulting from the Contractor's failure. This obligation is in addition to any other remedy available to the County.

18. **Severability/Waiver**. If a court finds any term of the Contract to be invalid, the validity of the remaining terms will not be affected. The failure of either party to enforce any term of the Contract is not a waiver by that party.

19. **Subcontracting or Assignment**. The Contractor may not subcontract or assign any part of the Contract without the prior written consent of the County. The County may withhold consent for any reason the County deems appropriate.

20. **Termination**. If the Contractor violates any provision of the Contract, the County may terminate the Contract by written notice. All finished or unfinished work provided by the Contractor will, at the County's option, become the County's property. The County will pay the Contractor fair compensation for satisfactory performance that occurred before termination less the amount of damages caused by the Contractor's breach. If the damages are more than the compensation payable to the Contractor, the Contractor will remain liable after termination and the County can affirmatively collect damages.

21. **Termination of Contract for Convenience**. Upon written notice, the County may terminate the Contract when the County determines termination is in the County's best interest. Termination for convenience is effective on the date specified in the County's written notice. The County will pay for reasonable costs allocable to the Contract for costs incurred by the Contractor up to the date of termination. But the Contractor will not be reimbursed for any anticipatory profits that have not been earned before termination.

22. **Termination of Multi-year Contract**. If funds are not available for any fiscal period of the Contract after the first fiscal period, then the Contract will be terminated automatically as of the beginning of unfunded fiscal period. Termination will discharge the Contractor and the County from future performance of the Contract, but not from their rights and obligations existing at the time of termination.

23. **Third Party Beneficiaries**. The County and Contractor are the only parties to the Contract and are the only parties entitled to enforce its terms. Nothing in the Contract gives any benefit or right to third persons unless individually identified by name and expressly described as intended beneficiaries of the Contract.

24. **Use of County Facilities**. Contractor may only County facilities that are needed to perform the Contract. County has no responsibility for the loss or damage to Contractor's personal property which may be stored on County property.

25. **Whole Contract**. The Contract, the Standard Terms, and attachments are the complete agreement between the parties and supersede all earlier agreements, proposals, or other communications between the parties relating to the subject matter of the Contract.

ATTACHMENTS

A. Proposal Cover Sheet
B. References
C. Conflict of Interest Affidavit and Disclosure
D. Code of Maryland Regulations (COMAR)
E. DHMH Form 432B

ATTACHMENT A: PROPOSAL COVER SHEET

Organization Information

Organization Name: _____

Address: _____

Website: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Organization Type: [ ] Non-Profit [ ] Government [ ] Private for Profit [ ] Other

Proposal Information

Project Name _____

Proposed number of enrollments (July 1, 2024 – June 30, 2025) _____

Total funding amount requested $ _____

Estimated cost per participant $ _____

Additional funds (cash or in-kind) that will support this project $ _____

Organization's total annual operating budget $ _____

Requested project is _____ % of organization's total budget

Is your organization involved in any active litigation? [ ] Yes [ ] No

Is your company currently involved in any mergers or acquisitions? [ ] Yes [ ] No

Have you included all items listed on the required documents checklist? [ ] Yes [ ] No

I hereby certify that to the best of my knowledge all information contained in this proposal is accurate and complete, that this is a valid proposal and that I am legally authorized to sign and to represent this organization.

_____ _____

Signature Date

ATTACHMENT B: REFERENCES

Please list three references from whom you have received a grant and/or for whom you have performed similar work in the last five years.

Reference #1	
Company/Organization Name:	
Address:	
City, State, Zip	
Contact Person:	
Phone Number:	
Email:	
Type of Project:	
Dates of contract/work performed:	

Reference #2	
Company/Organization Name:	
Address:	
City, State, Zip	
Contact Person:	
Phone Number:	
Email:	
Type of Project:	
Dates of contract/work performed:	

Reference #3	
Company/Organization Name:	
Address:	
City, State, Zip	
Contact Person:	
Phone Number:	
Email:	
Type of Project:	
Dates of contract/work performed:	

ATTACHMENT C: CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

A conflict of interest is a set of circumstances that creates a risk that professional judgement or actions regarding a primary interest will be unduly influenced by a secondary interest. Conflicts of interest, **whether real, perceived, or potential**, must be disclosed. Disclosure of a potential conflict of interest does not make it an actual conflict and disclosure of an actual conflict of interest does not remove the conflict but allows the Local Management Board to transparently approach and manage the conflict.

A. "Conflict of interest" means that because of activities or relationships with other persons/organizations 1) a person/organization is unable or potentially unable to render impartial assistance or advice to the Worcester County Local Behavioral Health Authority, or 2) the person's/organization's objectivity in performing the contract work is or might be otherwise impaired, or 3) a person/organization has an unfair competitive advantage.

B. The bidder warrants that, except as disclosed in D below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a real, perceived or potential conflict of interest.

C. The following facts or circumstances give rise or could in the future give rise to a real, perceived or potential conflict of interest (explain in detail; if none, write N/A):

D. The bidder agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the bidder will immediately make a full disclosure in writing to the Local BehaviorL Health Authority of all relevant facts and circumstances. This disclosure shall include a description of actions which the bidder has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest.

I do solemnly declare and affirm under the penalties of perjury that the contents of this affidavit are true and correct to the best of my knowledge, information and belief.

Signature _____ Date _____

Print Name and Title _____

Attachment D

Code of Maryland Regulations (COMAR)

The below list references the policies and procedures from COMAR that regulate MHCM in Maryland. For mental health providers that are seeking approval as a MHCM provider in the PBHS, an application must be developed based on these guidelines. An entity that wishes to become a MHCM provider in Worcester County will contact WCLBHA for technical assistance in the application process. WCLBHA provides support letters contingent upon completion of a satisfactory and comprehensive application. Completed applications are forwarded by the applicant to BHA for final approval.

10.09.90.02	Definitions
10.09.90.03	Participant Eligibility
10.09.90.04	Participant Eligibility- Levels of Intensity
10.09.90.05	Level I -General Care Coordination
10.09.90.06	Level II -Moderate Care Coordination.
10.09.90.07	Level III — Intensive Care Coordination
10.09.90.08	Conditions for Provider Participation A. Selection of CCOs
10.09.90.09	Conditions for Provider Participation — Eligibility
10.09.90.10	Mental Health Case Management Care Coordination Provider Staff
10.09.90.11	Covered Services
10.09.90.12	Plan of Care
10.09.90.13	Child and Family Team Meetings
10.09.90.14	Referral and Related Activities
10.09.90.15	Monitoring and Follow-Up Activities
10.09.90.16	Limitations

10.09.90.17.	Preauthorization
10.09.90.18	Payment Procedures
10.09.90.19	Recovery and Reimbursement
10.09.90.20	Cause for Suspension or Removal and Imposition of Sanctions Cause
10.09.90.21	Appeal Procedures
10.09.90.22	Interpretive Regulation
10.09.45.04 E (12)	Compliance with fiscal reporting requirements.
10.09.45.06 C	The provision of ongoing case management. Comprehensive Assessment and Periodic Reassessment.
10.21.17.09 C (1) (f)	Requirement for a criminal background check for an employee who has access to minors.
10.21.17.09 C (1) (i) (ii)	Requirement for an annual driver's license report.

Attachment E

DHMH budget form 432B located on next page

PROGRAM BUDGET

PROGRAM ADMINISTRATION: _____

GRANT NUMBER: _____ **DATE SUBMITTED:** _____

CONTRACT PERIOD: _____ **FISCAL YEAR:** _____

ORGANIZATION: _____ **PHONE #:** _____

STREET ADDRESS: _____

CITY, STATE, COUNTY: _____ **ZIP:** ___

PROGRAM TITLE: _____

CHARGEABLE SERVICES (Y/N) _____ **DHMH PROVIDES 50% OR MORE OF FUNDING (Y/N)**

FOR DHMH USE ONLY _____

LINE ITEMS MAY NOT BE CHANGED	DHMH FUNDING REQUEST	SUPPLEMENTAL FUNDING REDUCTION	OTHER DIRECT FUNDING FED./STATE LOCAL & GOV'T	OTHER DIRECT FUNDING ALL OTHER AGENCY	OTHER DIRECT FUNDING TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS						
FRINGE						
CONSULTANTS						
EQUIPMENT						
PURCHASE OF SERVICE						
RENOVATION						
CONSTRUCTION						
REAL PROPERTY PURCHASE						
UTILITIES						
RENT						
FOOD						
MEDICINES & DRUGS						
MEDICAL SUPPLIES						
OFFICE SUPPLIES						
TRANSPORTATION/TRAVEL						
HOUSEKEEPING/ MAINTENANCE/REPAIRS						
POSTAGE						
PRINTING/DUPLICATION						
STAFF DEVELOPMENT/ TRAINING						
CLIENT ACTIVITIES						
ADVERTISING						
INSURANCE						
LEGAL/ACCOUNTING/AUDIT						
PROFESSIONAL DUES						
OTHER (ATTACH ITEMIZATION)						
TOTAL DIRECT COSTS						
INDIRECT COST						
TOTAL COSTS						
LESS: CLIENT FEES						
DHMH FUNDING						