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Addendum # 3 Youth Care Coordinator Program

Date of Addendum: 2/27/2024

NOTICE TO ALL BIDDERS AND PLANHOLDERS	
<p>The Proposal Documents for the above-referenced Project are modified as set forth in this Addendum. The original Proposal Documents and any previously issued addenda remain in full force and effect, except as modified by this Addendum, which is hereby made part of the Proposal Documents. Vendors will take this Addendum into consideration when preparing and submitting a Proposal and shall acknowledge receipt of this Addendum in the space provided in the Proposal Documents.</p>	

PROPOSAL SUBMITTAL DEADLINE	
<p>The Proposal submittal time has not been changed.</p>	

1.0 – ATTACHMENTS	
Item	Description
1.1	Power Point slides from the Pre-Proposal Meeting held on 2/15/24 at 10:00am.

2.0 – CLARIFICATIONS	
<p>The following clarifications are provided as a matter of information to clarify issues raised about the Proposal Documents.</p>	
Item	Description
2.1	<p>Correction to the Addendum #2 and RFP: Question 1.6</p> <ul style="list-style-type: none"> - Q. On Page 9 number 8; it states physically located, I believe that this should be updated or discussed in further detail when it comes to establishment and meeting of services and/or youths in safe places with them. - A. First consideration will be given to those agencies physically located in Worcester, Wicomico, or Somerset County. Agencies which do not have a physical location in Worcester, or a bordering county must clearly demonstrate how they will provide in-person services and meetings in Worcester County. The selected applicant will need to comply with all requirements in COMAR 10.09.90 and related regulations, including those required to bill Maryland Medicaid.

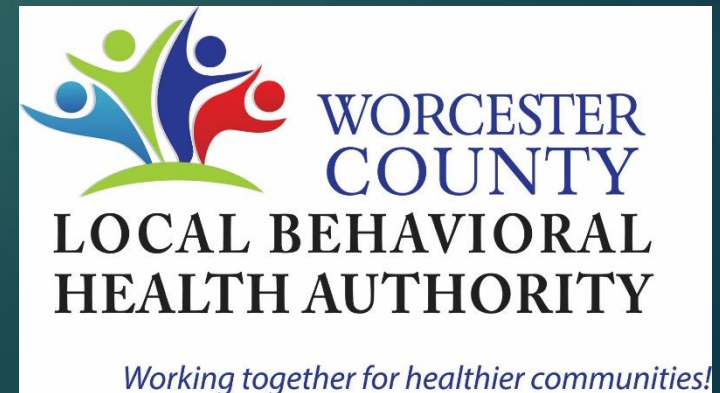
3.0 – QUESTIONS AND ANSWERS	
<p>The following questions and answers are provided as a matter of information to clarify issues raised about the Proposal Documents.</p>	
Item	Questions and Answers
3.1	<p>Q. Regarding Page 6, Item 2, from the RFP: Must an agency be licensed as BOTH a Mobile Treatment Service Program and an Outpatient Mental Health Center?</p> <p>A. The agency must be meet ONE (or more) of the following criteria: licensed as a Mobile Treatment Program; licensed as an Outpatient Mental Health Program; licensed as a Psychiatric Rehabilitation Program for Minors; OR show three years of documented experience as a mental health case management: care coordination provider under COMAR 10.09.90.</p>

3.2	<p>Q. Is a particular IT or Electronic Health Record system required?</p> <p>A. There is no specified or required Electronic Health Record. However, documentation must be maintained in a HIPPA-compliant manner and must meet criteria for Medicaid billing.</p>
3.3	<p>Q. Please clarify the age of young people able to be served.</p> <p>A. An individual younger than 18 years old with a serious emotional disturbance or co-occurring disorder; OR a young adult with a serious emotional disturbance or co-occurring disorder enrolled in care coordination services continuously under this chapter since reaching age 18. In addition, per COMAR 10.09.90.17, all covered services shall be preauthorized and comply with the requirements of COMAR 10.09.70.07 and COMAR 10.09.89 for services delivered to 1915(i) participants.</p>
3.4	<p>Q. What is the ratio of participants to Case Manager?</p> <p>A. There is no specified caseload number. COMAR 10.09.90.10 gives more information regarding staffing needs.</p>
3.5	<p>Q. Can I get some clarity around Applicant Qualifications #5 (from page 6 of the RFP)?</p> <p>A. The services provided through this project are funded through Maryland Medicaid. Providers will need to receive prior authorization, provide the services, and have the capacity to bill and receive reimbursement via a Fee-For-Service structure.</p>
3.6	<p>Q. What are the rates for these services?</p> <p>A. The rates for this service can be found in COMAR 10.21.25.09(J): http://mdrules.elaws.us/comar/10.21.25.09</p>
3.7	<p>Q. Is this program similar to Care Coordination for Youth in other counties in Maryland?</p> <p>A. These services are governed by COMAR, so they do operate under the same regulations in other counties across the state.</p>

END OF ADDENDUM

Mental Health Case Management: Care Coordination for Children and Youth

FEBRUARY 15, 2024



Overview- WCLBHA

The Worcester County Local Behavioral Health Authority (WCLBHA) role is to provide oversight, support, resources, and management of behavioral health services funded by the public behavioral health sector. (Title 10- Section 1201-3 of the Annotated Code of Maryland).

Overview-RFP

The purpose of this Request for Proposals (RFP) is to select a 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.

Care Coordination Organization

A Care Coordination Organization (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:

- ✓ A youth-guided and family-driven, strengths-based approach that is coordinated across agencies and providers;
- ✓ Three levels of care coordination; and, home- and community-based services and peer supports as alternatives to costly residential and hospital care for children and adolescents with severe behavioral health challenges.

Care Coordination Organization (CCO) Functions

- Care Coordination
- Access to Family and Youth Peer Supports
- Advocacy
- Access to Crisis Support
- Utilization Management
- Quality Improvement and Outcome Managements

Maryland System of Care (SOC)

- ▶ SOC is a coordinated network of, community-based services for children and youth with, or at-risk for, behavioral health challenges and their families. SOC builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs,
- ▶ **Children, youth and families should have access to necessary services in the least restrictive, most appropriate, and most effective environment possible.**

Continuation of (SOC)

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.

CCO program is designed to prevent or address:

- i. inpatient psychiatric or substance use treatment;
- ii. treatment in a residential treatment center (RTC) or residential substance use treatment facility;
- iii. an out-of-home placement;
- iv. emergency room utilization due to multiple behavioral health stressors;
- v. homelessness or housing instability, or otherwise lacking in permanent, safe housing; or
- vi. arrest or incarceration due to multiple behavioral health stressors; or
- vii. meet the requirements and need care coordination services to facilitate community treatment following, release from a detention center or correctional facility; or
- viii. discharge to the community from RTC placement or inpatient psychiatric unit.

A participant who disenrolls after reaching 18 years of age and wishes to re-enroll in care coordination services at a later date shall do so under COMAR 10.09.45 if more than 120 calendar days have passed since disenrollment.

Levels of Care

The selected provider will offer coordination in Worcester County and will be required to serve all levels of care outlined in detail below.

- I. Level 1: General Care Coordination
- II. Level 2: Moderate Care Coordination
- III. Level 3: Intensive Care Coordination

Target Population...

Youth must be served through the Maryland Medical Assistance Program (Medicaid).

Youth Must also:

- be younger than 18
- have a qualifying behavioral health diagnosis; or
- have a co-occurring disorder

Youth that fit the above criteria may also receive services after 18 years old if enrolled before 18TH birthday.

Applicants Qualifications

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

- 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 10.09.90 regarding conditions for provider participation in Mental Health Case Management: Care Coordination.
- 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
- Have a Medicaid provider agreement in effect or have submitted an application for a provider agreement at the time of application.
- Evidence Base Practice for Children's Mental Health policy and program development
- Participate in fee-for-service reimbursement system

Quality Assurance/Deliverables

The Quality Assurance 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.

Program- Wide Deliverables – Level 1, Level 2, and Level 3 (pages 12-13 in RFP)

Scope of Service

The purpose of mental health case management care coordination is to assist participants in gaining access to needed medical, mental health, social, educational, and other services.

- Requirements of delivery and services
- Project and Deliverables -Target population
- Proposed Level of Care Coordination- Children and Adolescents

Staff Requirements

- Ratio for Licensed Mental Health Clinicians- one (1) to eight (8) staffing. Independently Licensed Mental Health Clinicians, must be supervised by a Licensed Mental Health Clinician who will maintain the 1 Full Time Equivalent (FTE) to 8 FTE ratio. 10.09.90.10
- Robust staff training plans
- The Child and Adolescent Needs and Strengths (CANS) Assessment Tool- Annual certification

Reporting

- Client-Level Data
- Quarterly Program Reporting
- Electronic Health Record
- Reportable Events Policy and Procedure

Outcomes

The State Plan Amendment (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 Plan of Care 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.

Format and Content of Proposal

Applicants should provide all required information in the format below:

- Times New Roman **12-point** font, single-spaced with page numbers, and printed single-sided on **8 ½" x 11"** papers
- One original and **five duplicates** of the full proposal along with a Cover Letter:
 - ✓ Applicant organizational name(s) and address(es)
 - ✓ Title of this RFP
 - ✓ Applicant's contact person's name, email address and telephone number

Program Proposals

The proposal should be a clear, concise narrative organized by and responsive to the below sections and criteria. (pages 16-23 in the RFP)

- | | |
|--|-----------|
| ✓ Understanding of and Commitment to System of Care Practice | 15 points |
| ✓ Organization Capacity & Experience | 25 point |
| ✓ Approach | 35 points |
| ✓ Budget and Budget Narrative | 10 points |
| ✓ Staffing Pattern | 10 points |
| ✓ Completeness of the Application | 5 points |

Rating Criteria- Based upon the adequacy of the response to the listed criteria maximum points = 100

Contract Award Timeline

- ▶ The anticipated contract term can be renewed 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

Timeline Submission

RFP due to Worcester County Administration- 4/8/2024 by 2:30 pm

▶ Proposals are to be sent to:

**Office of the County Commissioners
ATTN: Nicholas Rice Procurement Officer
Worcester County Government Center
One West Market Street, Room 1103
Snow Hill, MD 21863**

(Proposals sent after the due date will not be considered.)

(Proposals not submitted to the address above will not be considered)

▶ **Anticipated Award Notification- 5/15/2024**

▶ **Anticipated Contract Signed and Start Date- 7/1/2024**

Data Referenced

- Code of Maryland Regulations (COMAR)-
<http://mdrules.elaws.us/comar/10.09.90>
- DHMH Form 432B-<https://health.maryland.gov/docs/Dhmh432a-h.xls>

Questions

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