

Mid Shore Behavioral Health Inc.
28578 Mary's Court, Suite 1
Easton, MD 21601



REQUEST FOR PROPOSALS

Telehealth Equipment Program Pilot:

Issued: August 14, 2023

Due: September 8, 2023, by 5:00 pm

Prospective applicants who have received this document from a source other than the Issuing Officer should immediately contact the Issuing Officer and provide their name and mailing address in order that addenda to the RFP or other communications can be sent to them. Any prospective applicant who fails to notify the Issuing Officer with this information assumes the complete responsibility in the event they do not receive communications from the Issuing Officer prior to the RFP closing date.

ISSUING OFFICER:
Kathryn G. Dilley
Executive Director

I. BACKGROUND AND OVERVIEW

The Behavioral Health Administration (BHA) has moved to decentralize the management of behavioral health services to Maryland Medicaid recipients and eligible uninsured residents by developing Local Behavioral Health authorities, Core Service Agencies, and Local Addictions Authorities. The Core Service Agency (CSA) acting as the designee of the Maryland Department of Health (hereafter known as “the Department”), shall complete a competitive procurement for its respective jurisdiction for all grant-funded activities.

Mid Shore Behavioral Health, Inc. (MSBH) is the Core Service Agency (CSA) serving Kent, Queen Anne’s, Caroline, Talbot and Dorchester Counties. MSBH is seeking proposals for the Telehealth Equipment Program Pilot for providers offering telehealth services on the Eastern Shore of Maryland. MSBH is responsible for planning and systems management of the Public Behavioral Health Systems for the residents of the mid-shore counties of Maryland.

The use of telehealth has exploded due to the pandemic, but because of the digital divide, too many individuals still do not have access to this technology. Even outside of a pandemic, access to telehealth connects individuals to care who otherwise would never have received needed services and maintains access to care for those who otherwise would have left care. Disparities in telehealth access exist based on income, race and ethnicity, and geographic location. BHA is looking to address the lack of access by providing smartphones and tablets for telehealth videoconferencing by behavioral health clients served by community providers. To fund this BHA asked SAMHSA for permission to repurpose a portion of block grant funds, in order to provide clients with HIPAA compliant smartphones and tablets, along with internet access at high enough speeds for video conferencing.

Mental Health, substance use disorder (SUD), and co-occurring community providers are eligible. Hospitals and hospital affiliated community providers are not eligible for the program. Providers must be licensed by BHA and in good standing with BHA and the State of Maryland. Providers will use the funds to cost-effectively purchase and maintain ownership of smartphones and tablets, loaning them to clients via signed agreements contingent on continued enrollment with the provider. Providers will need to track the equipment, and a small percentage of the funds will need to be held in reserve for any needed equipment replacement. Providers will also use the funds to pay as needed the monthly wireless carrier fees or internet service provider fees for a year of internet access. With smartphones less expensive than tablets, adults will receive these, but children and adolescents can receive tablets, as can adults with an exception request with an appropriate rationale.

Providers will have to provide participating clients with the technical support needed to maintain equipment functionality, at the same level of support provided to their staff they furnish smartphones or computers. Participating clients can be replaced with another client if they do not follow the required procedures of the program, including not immediately reporting equipment loss or theft, to allow the provider to take appropriate action.

Providers will need a level of telehealth experience and expertise to administer the program, including meeting client training needs for effective telehealth participation. They will need a

significant enough percentage of clients that do not have the capability to receive services by telehealth videoconferencing, but would benefit from it, and could effectively participate in it with or without training. Providers will need to participate in surveys and other components of an evaluation of the pilot, to be used to determine what modifications might be needed before the program is expanded to other jurisdictions.

This pilot project began in the fiscal year 2022. Due to the success, it has been renewed for FY24. The FY23 project will award one additional provider with \$27,904 to serve 30 individuals. This is determined from the calculation that the average cost per client to fund telehealth access for one year is \$870. The provider must also establish an operating reserve of \$2,232 out of the total award for repair/replacement of equipment. If a provider's 30 clients all achieve telehealth access using less than the funding total of \$27,904, then the remaining funds can be used for additional clients beyond 30.

Providers will need to identify any other sources and amounts of funding received within the past year, or to be received, for telehealth equipment or access, to avoid duplication with this funding. This includes federal sources, such as from the FCC, funds from state or county governments, or from private sources.

II. SCOPE OF WORK

Respondents must address the following requirements in the Scope of Work in their response to this RFP.

The provider will:

1. Identify 30 clients for telehealth in need of smartphones and/or internet access (tablets if less than 18 years of age or applicable adults)
2. Purchase and configure smartphones, tablets, and secure internet access for the selected clients.
3. Train the clients and staff who will use the equipment.
4. Provide ongoing technical support needed to maintain equipment functionality.
5. Provide care by telehealth to the selected clients.
6. Establish and maintain a project operating reserve not to exceed \$2,232 to be used specifically for repair/replacement/upgrade of equipment. Beyond that, if there is a surplus, select additional clients for participation until the surplus is depleted.
7. Outcomes and Program Reporting (deliverables) should occur to demonstrate the impact of this program. The data collection and reporting requirements for this program will include quarterly program reports, including a spreadsheet that providers complete and electronically submit to the jurisdictions. Providers will be required to submit program and financial reports during the entirety of the approved contract term. Quarterly data will be submitted and will include: demographics of clients enrolled including age, race/ethnicity, and geographic location (rural, urban, or suburban); type of clients served (mental health, substance use disorder or co-occurring); number of clinical contacts per

client in the 3 months pre and post enrollment; type of behavioral service most commonly used for telehealth; type of devices provided and method of internet access; financial reports; client satisfaction on a 1-5 scale; provider satisfaction on a 1-5 scale; any lost equipment or other technical issues. Providers will need to participate in surveys and other components of an evaluation of the pilot, to be used to determine what modifications might be needed before the program is expanded to other jurisdictions.

III. GOALS

The selected provider(s) will be required to meet the following goals and objectives as they relate to this RFP.

1. Connect 30 individuals to qualified Behavioral Health Professionals who otherwise would have left care. Disparities in telehealth access exist based on income, race and ethnicity, and geographic location. BHA is looking to address the lack of access by providing smartphones and tablets for telehealth videoconferencing by behavioral health clients served by community providers.
2. Loan 30 clients HIPAA compliant smartphones and tablets, along with internet access with high enough speeds for video conferencing by behavioral health clients served by community providers.
3. Work collaboratively with MSBH and BHA and other committees identified to problem solve crisis delivery issues in the region.

V. PROCUREMENT PROCESS

MSBH is requesting proposals for the provision of Telehealth Equipment Program Pilot for the Eastern Shore of Maryland FY2024, July 1, 2023-June 30, 2024.

VI. ELIGIBILITY

1. Mental Health, substance use disorder (SUD), and co-occurring community providers are eligible. Hospitals and hospital affiliated community providers are not eligible for the program. Providers must be licensed by BHA and in good standing with BHA and the State of Maryland.
2. The awardee must:
 - Demonstrate good performance and outcomes, and sufficient utilization.
 - Collect and report data as required.
 - Perform background checks on all employees.
 - Comply with all federal and state laws regarding providing behavioral health services, including but not limited to HIPPA, 42CFR, ADA,
 - Maintain data security.
3. If the contract is terminated, the awardee must work with the LBHA/CSA/LAA and BHA to develop and execute a transition plan.

VII. ISSUING OFFICE

Request for Proposals will be issued by: Mid Shore Behavioral Health, Inc.
28578 Mary's Court, Suite 1 Easton, MD 21601
The issuing officer is Kathryn G. Dilley, Executive Director
Email: kdilley@midshorebehavioralhealth.org

VIII. Request for Proposal Timeline

1. Pre-Bid Conference Call:

Pre-Bid Conference is scheduled for: Monday, August 28, 2022, 11:00am-11:30am
Attendance is not required.
Participation will be by Virtual Go To link

FY24 Telehealth Equipment Program Pilot Pre-Bid Conference Call

Telehealth Equipment Pre-Bid Call
Aug 28, 2023, 11:00 – 11:30 AM (America/New_York)

Please join my meeting from your computer, tablet or smartphone.
<https://meet.goto.com/766803941>

You can also dial using your phone.

Access Code:

766-803-941

United States:

+1 (224) 501-3412

Get the app now and be ready when your first meeting starts: <https://meet.goto.com/install>

2. Proposal Submission and Deadline Date

The deadline for submission of proposals is September 8, 2023, no later than 5:00PM.
Submissions are to be made electronically to Kathryn G. Dilley at
kdilley@midshorebehavioralhealth.org

3. Selection and Respondent Selection Notification

The MSBH Programs Services Committee comprising MSBH Board of Directors members will review all submissions. The respondent selection notification date is September 15, 2023.

IX: Proposal Submission Format and Evaluation Criteria

1. Format of Proposals

Proposals will be received electronically. Proposals must indicate RFP title: MSBH: Telehealth Equipment Program Pilot: (Bidder Name and Date of Proposal). Proposals are not to exceed three (3) single-spaced pages.

Responses must be ordered and answered in a narrative format to match the evaluation criterion below. The program budget may be submitted as a separate attachment and will not count towards the 3-page limit. Please provide detailed information to address all the elements in the evaluation criteria.

All proprietary material should be clearly identified as such by the submitter.

2. Evaluation Criteria

The provider application will be evaluated and scored by the LBHA/CSA/LAA based on the responses to the following sections of questions: Provider Organization Information, Telehealth Experience, and Program Participation.

Provider Organization Information (maximum 20 points)

1. Provider Organization Contact Information

- Provider Organization
- Address
- Address 2
- City/Town
- State/Province
- ZIP/Postal Code
- Main Telephone Number

2. Organization Point of Contact

- Name and Position
- Address
- City/Town
- State/Province
- ZIP/Postal Code
- Email Address
- Telephone Number

3. Indicate the jurisdiction where your organization predominantly provides the behavioral health services for which you would use the telehealth equipment program.

4. Does your organization provide services predominantly in rural, urban, or suburban settings?

5. Select approximately how many clients overall is your organization currently serving.

- 0-250

- 251-500
- 501-1,000
- 1,001-2,000
- 2,001-3,000
- 3,001-4,000
- Above 4,000

6. Does your organization serve adults, children/adolescents, or both?

If serving both, what is the estimated percentage of total services provided for children/adolescents?

7. Does your organization provide Mental Health services, SUD services, or both?

If serving both, what is the estimated percentage of SUD services provided?

8. Select all of the behavioral health services your organization provides.

- OMHC
- Mental Health Outpatient (non OMHC)
- OTP
- MAT (non-OTP)
- SUD Outpatient (non-OTP)
- Mobile Treatment Services/ACT Mobile Crisis Team
- PRP
- Mental Health Residential
- SUD Residential
- Child and Adolescent Services
- Other (please specify)

9. Is your organization certified as a Medicaid provider, with the ability to access reimbursement through Optum Maryland for behavioral health care services?

10. What is your organization's estimated percentage of clients who have Medicaid, and the percentage who are uninsured?

11. Does your organization have accreditation and licensing as required to provide services, and is in good standing with BHA and the State of Maryland, which includes:

- A. Current active licensure.
- B. Full accreditation, including not being on probation or otherwise having limited accreditation.
- C. Your Medicaid number must not be suspended, and your Medicaid payments must not be on withhold for credible allegations of fraud.
- D. You must be current with any settlement agreements or Plans of Improvement with your LBHA or BHA.
- E. Your Corporate Charter is active and in good standing with Assessment and Taxation.

Telehealth Information (maximum 30 points)

12. What is your organization’s estimated percentage of clients who receive services by telehealth videoconferencing?
13. What is your organization’s estimated percentage of clients that do not have the capability to receive services by telehealth videoconferencing but would benefit from it, and could effectively participate in it with or without training?
14. Of those clients that do not have telehealth capabilities, what is the estimated percentage for those 18 and over?
15. Of those clients that do not have telehealth capabilities, what is the estimated percentage for those under 18?
16. For your organization's clients without telehealth access please estimate the percentages for each of the following race/ethnic categories. (The sum of percentages across categories should equal 100%)

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Asian											
Black or African American											
Hispanic or Latino											
Native American											
Pacific Islander											
White											
Other											

17. Of those clients without telehealth access, what is your organization’s estimated percentage of clients who have childcare responsibilities or transportation issues that increase their need for telehealth?
18. Select the behavioral health services your organization provides where you would use the telehealth equipment program.

- OMHC
- Mental Health Outpatient (non OMHC)
- OTP
- MAT (non-OTP)
- SUD Outpatient (non-OTP)
- Mobile Treatment Services/ACT
- Mobile Crisis Team
- PRP
- Mental Health Residential
- SUD Residential
- Child and Adolescent Services (please specify below)
- Other (please specify below)

Program Participation (maximum 30 points)

19. Describe your organization’s level of telehealth experience and expertise to administer the program, including meeting client training needs for effective telehealth participation.

20. Indicate the staff/positions who would administer the program, including providing participating clients, the technical support needed to maintain equipment functionality at the same level of support that is provided to staff when you furnish smartphones or computers. Include a description of the process of how clients would receive any needed technical support.

21. Indicate the staff/position who would be responsible to ensure your organization fully participates in surveys and other evaluation activities to determine what modifications might be needed before the program is expanded to other jurisdictions.

22. Describe how you would use this program to address disparities in telehealth access, such as from the perspectives of income, race and ethnicity, or geographic location.

23. Identify any other sources of funding, and the dollar amounts received, within the past year for telehealth equipment or access, or any funding to be received. This includes federal sources, such as from the FCC, funds from state or county governments, or private sources.

24. Have you previously received any State Opioid Response (SOR) grant dollars from BHA?

RFP/Postponement/Cancellation: MDH-BHA reserves the right to postpone or cancel this RFP, in whole or in part.

Organizational Capacity

The applicant complies with relevant Federal, State and County laws, regulations, and guidelines, as well as conditions imposed by BHA. Briefly state the bidder's organizational history, structure, nature, and scope of business activities. The bidder has satisfactory experience working with

persons with mental illnesses and has experience providing individualized and flexible care/services. Where applicable, the role of the governing board is briefly described.

The proposal demonstrates an understanding of the population to be served, number of persons to be served, eligibility criteria, as well as the importance of consumer input and collaboration, community integration, consumer rights protection, and community support for the program.

Attach an organizational chart depicting the relationship of the project to the current organization. Describe experience and relevant former activities of the organization which demonstrate an ability to attain the specific objectives of the proposed project.

System Integration

The proposal describes working with various community organizations, local government, private/public agencies, and citizens groups. The proposed program is well integrated with other service provisions, primary care and substance use treatment providers.

The bidder demonstrates the ability to establish and maintain relationships with local health and behavioral health systems managers. Letters of Support welcome to demonstrate relationship.

Budget

Provide a budget for \$27, 904 with an included reserve of \$2, 232. Estimated to serve a target of 30 individuals.

Respondents need to provide a budget narrative. Respondents need to indicate individuals served.

X. PROVIDER CONTRACT AND MONITORING

Upon selection, accompanying the final notification letter will be two copies of the standardized Agreement to Provide Services (“the contract”), as approved by MSBH. These must be reviewed thoroughly and signed by appropriate officials of the respondent. The contract must have original signatures and be returned to Mid Shore Behavioral Health, Inc. 28578 Mary’s Court, Suite 1, Easton MD 21601. Any contract resulting from this RFP will reflect July 1, 2022-June 30, 2023, service delivery dates.

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

- Site visits at least annually to evaluate and document compliance with administrative and programmatic requirements, including but not limited to evidence in the medical record of a diversity of referral sources and relationships with relevant organizations for referral and linkage to care.
- Review of administrative data reports and claims data to evaluate program effectiveness. Review of policy and personnel records to ensure administrative compliance.

- Participation in any provider meetings as required by MSBH
- Collection and submission of programmatic data, as required by MSBH.