

REQUEST FOR PROPOSALS FOR MOBILE TREATMENT SERVICES/ ASSERTIVE COMMUNITY TREATMENT

Issued: February 1, 2023



Issued by:
Anne Arundel County Mental Health Agency, Inc.

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Background

As an expanded Statewide partnership, the AACMHA is issuing an RFP for Assertive Community treatment for the Western region to include Allegany and Garrett Counties. The program will receive grant funding for 2 years and is expected to transition to fee for service Medicaid by the conclusion of the second year.

Assertive Community Treatment (ACT) is an Evidence-Based Practice shown to have a variety of positive outcomes for mental health clients, such as decreased hospitalization, decreased emergency room visits, decreased symptomatology, and increased employment. It is characterized by a highly individualized team approach, in vivo services, small caseloads, time unlimited services, shared caseloads, flexible service delivery, fixed point of responsibility and 24/7 crisis availability.

Objectives

This RFP seeks to address the challenges that COVID-19 has brought to the forefront for those with significant mental health issues with the development of an Assertive Community Treatment (ACT) / Mobile Treatment Services (MTS) team in an underserved area of Maryland: Allegany and Garrett Counties. The ACT/ MTS team will give priority to people diagnosed with schizophrenia, other psychotic disorders, or bipolar disorder because these illnesses often cause long-term psychiatric disability. People who have high use of acute psychiatric hospitalizations, co-occurring disorders, high risk of, or current interaction with the legal system, experience homelessness and housing insecurity and are unable to be served by traditional outpatient services will also be prioritized.

The major goals of Assertive Community Treatment are to offer treatment, rehabilitation and supportive services using a person-centered, recovery-oriented approach to individuals diagnosed with a severe and persistent mental illness and have been unsuccessful in other forms of treatment. Teams incorporate Motivational Interviewing, Person Centered Care Planning, Wellness Recovery Action Plan, Trauma Informed Care, American Society of Addiction Medicine (ASAM) Levels of Care and the SSI/SSDI Outreach, Access, and Recovery (SOAR) program.

The potential provider will establish and operate a new Assertive Community Treatment (ACT) / Mobile Treatment Services (MTS) team that will operate in Allegany and Garrett Counties. They will be expected to:

- Work collaboratively with the AACMHA ACT Project Lead to coordinate training, education, and support,
- Work collaboratively with the AACMHA ACT Project Lead to develop policies, procedures and processes that support high quality ACT treatment,
- Receive grant funding for 2 years, and
- Transition to fee for service Medicaid by the conclusion of the second year.

Scope of Work

A. Overview

The AACMHA is seeking a provider that is interested in establishing and operating a new Assertive Community Treatment/Mobile Treatment Services team in Allegany and Garrett Counties, at or above the standards included in:

1. Federal Medicaid requirements and State Medicaid Plan Requirements for this service,
2. Applicable COMAR requirements, including but not limited to 10.63 and 10.09.36.03,
3. Requirements of the AACMHA,
4. Statements made in the reply to this Request for Proposals (RFP),
5. BHA's requirements for ACT teams, and
6. The Tool for Measurement for ACT (TMACT).

The AACMHA will oversee and monitor compliance with all contract conditions. The Offeror shall ensure AACMHA full access and copies of any and all materials to fulfill this contract oversight role. This should include, but is not limited to case ratios, staffing levels and patterns, organizational parameters, service requirements, budget, and financial records, in order to assure procedural requirements and contract deliverables are met.

B. Qualification of Providers

1. Have at least 3 years' experience providing services to individuals with serious mental illness working flexibly in a community setting considered appropriate to the individual; and operating on an on-call basis, 24 hours per day, 7 days a week, with an in-person response as needed.
2. Have in depth knowledge of the resources available through Maryland's Public Behavioral Health System, as well as a working knowledge of the community resources and supports available in Allegany and Garrett Counties.
3. Be licensed under 10.63.03.04 MTS/ACT program or make assurance to become licensed by the Behavioral Health Administration (BHA) Office of Licensing under COMAR 10.63.03.04 MTS/ACT program.
4. Be accredited by an approved accrediting body to provide MTS/ACT services or make assurance to be an accredited by an approved accrediting body to provide MTS services.
5. Be enrolled as an MTS/ACT provider in the Public Behavioral Health System (PBHS) or make assurance to become enrolled as an MTS/ACT Provider in the Public Behavioral Health System (PBHS) and have a valid Medicaid MTS/ACT Medicaid Provider billing number or make assurance to get a valid Medicaid Provider billing number.
6. Preference will be given to providers currently serving Allegany and Garrett Counties. Those who are not currently serving counties should demonstrate the ability to build capacity in the county they are not located.
7. An offeror that can demonstrate an ability to work closely with the AACMHA, Allegany and Garrett Counties as a partner will be given preference.
8. Preference may be given to not-for-profit entities.

C. The Target Population

The ACT teams will offer program participation to at risk, vulnerable individuals who are diagnosed with thought disorders, mood disorders, and significant functional impairments associated with psychiatric care and/or co-occurring needs in Allegany and Garrett Counties. The individuals are high utilizers of psychiatric hospitals and/or emergency departments services and demonstrate difficulty participating in traditional outpatient services. They are often also medically vulnerable and are experiencing housing insecurity or homelessness and have justice involvement.

To continue to participate in the services, once the program moves to fee for service, enrollees will be required to access services through the public behavioral health system with the assistance of the ACT provider. Please note that uninsured individuals must additionally meet the Administrative

Service Organization uninsured eligibility criteria. Providers must request uninsured eligibility by submitting the appropriate forms to the ASO, through Incedo. Once uninsured eligibility is approved, authorization must be requested through the ASO prior to service provision. For individuals who do not meet the uninsured eligibility criteria, the program may request an exception through the LBHA. Programs should then work to establish benefits for participants as quickly as possible, this included connecting individuals with SOAR.

D. Definition of Services

Programs are expected to adhere to the principles and practices of Evidence-Based Practice (EBP) ACT which is characterized by:

- (1) Low client to staff ratios (no more than 10 clients per staff member)
- (2) Flexible, highly responsive, individualized, biopsychosocial and rehabilitative services in clients' natural environments that address clients' goals and needs and are provided with appropriate timing and intensity;
- (3) A team approach to treatment delivery, where a multidisciplinary group of providers with individual areas of expertise share responsibility for meeting clients' complex service needs, integrating care, and providing an armory of service interventions;
- (4) Recovery-oriented services as the focus of care, where the team promotes self-determination and respects clients as experts in their own right;
- (5) 24-hour availability of the team; and
- (6) Time-unlimited services.

An Assertive Community Treatment (ACT) team consists of a multidisciplinary team of medical, behavioral health and rehabilitation professionals who use a team approach to meet the needs of individuals with severe and persistent mental illness. An individual who is appropriate for ACT does not benefit from receiving services across multiple, disconnected providers and may become at greater risk of hospitalization, homelessness, substance use, victimization, and incarceration. The goal of ACT is to be the first line of all the services that an individual receiving ACT needs. Being the single point of responsibility necessitates a higher frequency and intensity of community-based contacts and a very low individual-to-staff ratio. Services are flexible; teams offer varying levels of care for all individuals receiving ACT and appropriately adjust service levels given an individual's changing needs over time.

Because an ACT team often works with individuals who may passively or actively resist services, an ACT team is expected to thoughtfully carry out planned assertive engagement techniques including rapport-building strategies, facilitating meeting basic needs and motivational interviewing techniques. These techniques are used to identify and focus on the individual's life goals and what he or she is motivated to change. Likewise, it is the team's responsibility to monitor the individual's mental status and provide needed supports in a manner consistent with the individual's level of need and functioning.

The ACT team delivers all services according to a recovery-based philosophy of care. The team promotes self-determination, respects the person receiving ACT as an individual in his or her own right and engages peers in promoting hope that the individual can recover from mental illness and regain meaningful roles and relationships in the community. The team assists individuals to: maintain a substance-free lifestyle, maintain decent and affordable housing in a normative setting, minimize involvement with law enforcement and criminal justice, acquire and keep a job, maintain good general health status, develop a network of community support, and meet other individual goals.

E. Fidelity Assessment Requirements

Programs are to submit to an initial and annual ACT program fidelity assessment to be conducted by the BHA approved evaluators utilizing BHA-identified fidelity tools. The fidelity monitors will use the Tool for Measurement for ACT (TMACT) to ensure the program's compliance with the ACT model. TMACT assesses current staffing, vacancies, length of vacancies, case load size, referral and admission, operations and structure, Evidence-based principles and person-centered planning and practices. It measures the program's flexibility and individualized application of resources, the team approach to treatment delivery and recovery. More information can be found here <https://www.med.unc.edu/psych/cecmh/education-and-training/unc-institute-for-best-practices/assertive-community-treatment-act/tool-for-measurement-of-act-tmact/>

F. Staffing Requirements

Staffing requirements are dictated by the terms of this proposal, and the TMACT. Please review staffing elements (Core Team(CT) and Specialist Team (ST) subscales) of the TMACT found here: https://www.med.unc.edu/psych/cecmh/wp-content/uploads/sites/880/2020/11/TMACT-Summary-Scale-1.0rev3_2018_final-posted.pdf

Positions for a team of 100 clients include:

- Team Leader, licensed mental health professional 1.0 FTE
- Team Assistant, 1.0 FTE
- Nurse #1, 1.0 FTE
- Nurse #2, 1.0 FTE
- Licensed Mental Health Professional, 1.0 FTE
- Co-Occurring Disorder Counselor #1, 1.0 FTE
- Co-Occurring Disorder Counselor #2, 1.0 FTE
- Employment specialist, 1.0 FTE
- Maximizing income specialist, 1.0 FTE
- Psychiatric nurse practitioner or Psychiatrist, 1.0 FTE
- Peer Specialist, 1.0 FTE
- Other (e.g., LMHP #2, Housing Specialist, Psych Rehab Specialist) , 1.0 FTE

Client to Staff Ratio

- The team maintains a low client-to-staff ratio, not to exceed 10:1, which includes all direct service staff except for the psychiatric care provider. The staff count does *not* include other administrative staff such as the team assistant or other managers assigned to provide administrative oversight to the team.

Staff actively participate in all daily, organizational, and relevant treatment team planning meetings.

G. Other Program Requirements

- Enroll participants that meet eligibility requirements with a target of serving 100 adults after 2-3 years.
- Once the program has transitions to fee for service, seek reimbursement from the Public Behavioral Health System (PBHS) for participants who meet eligibility criteria for the PBHS.
- Ensure 24/7 crisis intervention availability. For acute emergencies, a member of the team must be available at all times by phone or, when clinically indicated, to meet in a safe

location with participants for assessment and intervention, either alone or with their family members. This does not mean an MOU with a crisis provider to provide the service.

- Ensure that services and supports are provided at times that are convenient to the ACT participant and the family member, to include evenings and weekends.
- Manage, and coordinate medical and psychiatric needs as required by ACT with a focus of linking individuals to somatic and dental care and addressing additional health impacts of the pandemic on individuals with SMI.
- Provide ongoing communication and partnership with primary care.
- Partner with the local Continuum of Care to address homelessness and housing issues.
- Ensure individuals apply to housing rental subsidies such as Mainstream Housing, Section 8 and Home and Community Waiver. Documentation of the date the individual applied and eligibility for programs will be maintained in the individual's medical record
- Submit ACT monthly reporting measures and metric reports that indicate number of new clients, number of new referrals, referral sources, number of discharges.
- Submit monthly staffing reports

Mechanisms to Integrate with Existing System

Memorandums of Understanding (MOUs) with the providers of services in each jurisdiction will be required. In these MOUs, at a minimum, the parties will specifically address collaboration, sharing of information in conformance with applicable laws and regulations, grievances, and complaints, dealing with non-compliance, and participant and family input into treatment plans. Involvement in hospitalizations must be addressed.

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

Procurement Process

Issuing Office

Anne Arundel County Mental Health Agency, Inc.
1 Harry S Truman Parkway, Suite 101
Annapolis, Maryland 21401
(410) 222-7858

Issuing Officer

Adrienne Mickler
Executive Director

Pre-Bid Conference

A pre-bid conference will be held on February 15, 2023 at 10 am via Zoom Video Conference. The purpose of the conference is to address questions concerning the expectations of the project. All interested parties

should register with the Anne Arundel County Mental Health Agency, Inc. by via email to cbednarczyk@aamentalhealth.org.

Closing Date

The deadline for submission of proposals is 3:00 pm EST on March 31, 2023 at Anne Arundel County Mental Health Agency, Inc. (AACMHA). Please submit (1) one hard copy and (1) one electronic copy of the Offeror Qualifications, Technical Proposal, and Budget Analysis. An electronic copy can be emailed or provided on a flash drive in either .doc or .pdf to cbednarczyk@aamentalhealth.org.

Duration of Offer

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

A. Timetable

If it is deemed appropriate, offerors submitting proposals in response to this RFP may be required to make oral presentations or negotiations of their proposals. AACMHA will schedule the time and place for such discussions, if any. It is expected that this will take place approximately two weeks after the proposal deadline, depending on the number of proposals submitted. It is planned that the selection of the contractor will be announced on and is under contract by the commencement of the project. The announcement will also be available to bidders on the AACMHA web site at www.aamentalhealth.org at the top of the page of the site under the heading "News" or under the heading on the right side of the site under "More Information".

The project will commence on July 1, 2023.

B. Cost of Proposal Preparation

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

C. Selection and Ad Hoc Committee

A committee will be formed to review the proposals, recommend the consultant and to review the content, findings, recommendations, and other pertinent items during the course of the study.

Final acceptance of the deliverables will be made by AACMHA.

Proposal Submission

A. Form of Proposal

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

1. Mobile Treatment Services/Assertive Community Treatment – Offeror Qualifications
Offeror’s name and date of offer
2. Mobile Treatment Services/Assertive Community Treatment – Technical Proposal
Offeror’s name and date of proposal
3. Mobile Treatment Services/Assertive Community Treatment – Budget Analysis
Offeror’s name and date of analysis

B. Freedom of Information

Offerors should give specific attention to the identification of those portions of their proposals that they deem to be confidential proprietary information or trade secrets and provide any justification why such material, upon request, should not be discussed by AACMHA under the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. annotated Code of Maryland.

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

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

Offeror Qualifications

A. Overview

The proposal should address all points outlined in this RFP and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the proposal. The sole purpose of this letter is to transmit the proposal. It should be brief and signed by an individual who is authorized to commit the Offeror to the services and requirements as stated in this RFP.

B. Offeror Qualification Format

Each Offeror’s submission must bear the Offeror’s name, the closing date for proposals and “Mobile Treatment Services/Assertive Community Treatment – Offeror Qualifications” on the outside of the package. Inside this package (one original and one electronic copy) shall be the Offeror's Qualification submission.

C. Qualification Content

- Transmittal Letter

- Documentation of Corporate Structure
 - Current legal status (e.g., Articles of Incorporation)
 - Board Resolution approving submission of proposal
 - Copy of 501 c status
- Financial Capability to Perform
 - Description of offeror's capability to carry out work of RFP
 - Audited financial statements for the last 2 years.
- Summary of Relevant Experience
 - Demonstrate at least 3 years' experience providing services to individuals with serious mental illness working flexibly in a community setting considered appropriate to the individual; and operating on an on-call basis, 24 hours per day, 7 days a week, with an in-person response as needed.
 - References and descriptions of previous similar engagements should be provided (All references should include a contact person familiar with the Offeror's work and the appropriate telephone number, with authorization for AACMHA to contact any reference provided.).
 - Demonstrate knowledge of the resources available through Maryland's Public Behavioral Health System, as well as a working knowledge of the community resources and supports available in Allegany and Garrett Counties.
 - Show proof of being licensed under 10.63.03.04 MTS/ACT program or make assurance to become licensed by the Behavioral Health Administration (BHA) Office of Licensing under COMAR 10.63.03.04 MTS/ACT program.
 - Show proof of being accredited by an approved accrediting body to provide MTS/ACT services or make assurance to be an accredited by an approved accrediting body to provide MTS services.
 - Show proof of being enrolled as an MTS/ACT provider in the Public Behavioral Health System (PBHS) or make assurance to become enrolled as an MTS/ACT Provider in the Public Behavioral Health System (PBHS) and having a valid Medicaid MTS/ ACT Medicaid Provider billing number or make assurance to get a valid Medicaid Provider billing number.
 - Preference will be given to providers currently serving Allegany and Garrett Counties. Those who are not currently serving counties should demonstrate the ability to build capacity in the county they are not located.
 - An offeror that can demonstrate an ability to work closely with the AACMHA, Allegany and Garrett Counties as a partner will be given preference.
 - Preference may be given to not-for-profit entities.
- Organizational Structure Chart
 - Description of Offerors' organizational structure
 - Explanation of how project will relate to the whole
 - Table of Organization/ organizational relationships
- Staffing currently in place to initiate and carryout oversight of the project?
 - Resumes of administrative/ supervisor staff
 - Description of staff assigned
 - Description of duties and qualifications
 - Names and resumes for all staff and consultants, if to be reassigned or committed to the project.

Technical Proposal Criteria

A. Technical Proposal Format

Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Mobile Treatment Services/Assertive Community Treatment – Technical Proposal" on the outside of the package. Inside this package (one original and one electronic copy) shall be the Offeror's Technical Proposal.

B. Technical Proposal Content

The proposal should clearly label responses and address all points outlined below.

1. Executive Summary

- The Offeror shall condense and highlight the contents of the Technical Proposal in a separate section entitled "Executive Summary."
- The summary shall provide a description of the objectives of the RFP, the scope of work, the contents of the proposal, and any related issues which should be addressed.

2. Philosophy and Approach to Service Delivery

- Offeror shall describe Offeror's basic values and beliefs about mental health services, knowledge of population to be served and efforts needed to ensure participant involvement and success, knowledge of the Maryland Public Behavioral Health System and the ability to bill and collect services for eligible services.

3. Proposed Services – Work Plan

- The Offeror shall demonstrate a full understanding of the purpose, expectations, and complexities of the project and how the objectives may best be accomplished.
- Describe the approach, methods, techniques, tasks, work plan for addressing the requirements outlined in the scope of work.
- Offeror will provide a detailed discussion of their ability to carry out the duties under the scope of work including
 - Generating referrals and engagement of targeted population
 - Provision of MTS/ACT services from admission to discharge
 - Describe treatment planning and record keeping
 - Describe billing processes
 - Include Grievance Procedures
 - Include Disaster Plan
 - Describe confidentiality and record security.

4. Project Organization and Management

- The Offeror shall demonstrate the capability to successfully manage and complete the contract.
 - Describe what organizational processes are in place to support successful implementation of the program from start up to maintenance. A clear and concise workplan with timelines, overview of hiring process, orientation, training and supervision, reporting requirements and mechanism to solve problems when encountered.

- Outline of the overall management concepts and methodologies to be employed by the Offeror. Include project control mechanisms and describe the quality control procedures employed in the organization.
- Clearly identify the proposed project team, the assignment of work activities, and the experience, qualifications, and education of the staff to be assigned. The Offeror should explain to what extent backup professional personnel are available to substitute for loss of professional personnel identified as necessary in the proposal. Key management individuals responsible for coordinating with the respective local Core Service agencies should be identified. The Offeror must meet periodically with respective Local Behavioral Health Authority staff and render periodic progress reports for the purpose of administering the contract.
- Submit a Ramp up Plan for the first year of service to include anticipated enrollment by month and anticipated staffing needs by month, anticipated revenue and operating costs by month.



Ramp up Plan.xlsx

Budget Analysis

A. Overview

The proposal should address all points outlined in this RFP and should be clear and precise in response to the information and requirements described. A transmittal letter should accompany the budget analysis. The sole purpose of this letter is to transmit the budget analysis; it should be brief and signed by an individual who is authorized to commit the Offeror to the services and requirements as stated in this RFP.

The Offerors must address their financial ability to provide the scope of services requested at the quality desired and address the legal liability issues associated with the provision of the proposed services. Applicants having current contracts with BHA or Local Behavioral Health Authority must have demonstrated success by meeting deliverables in current contracts.

B. Format of Proposal

Each Offeror's submission must bear the Offeror's name, the closing date for proposals and "Mobile Treatment Services/Assertive Community Treatment – Budget Analysis" on the outside of the package. Inside this package (one original and one electronic copy) shall be the Offeror's budget analysis. The budget analysis should be submitted on a MDH 432, which can be downloaded at www.aamentalhealth.org, click rfp/rfi at the top of the page of the site under the heading "News" or under the Subtopic on the right side of the site under "More Information".

C. Budget Analysis Content

1. Overall Budget

An overall budget including start-up costs (on the appropriate forms) shall be submitted. All sources of revenues anticipated should be detailed in the submitted budget. The MDH 432 packet is available at AACMHA, which can be downloaded at www.aamentalhealth.org, click on rfp/rfi at the top of the page of the site under the heading “News” or under the Subtopic on the right side of the site under “More Information”.

Grant funding of approximately \$850,000 is available for the first year of this project. Grant funding of approximately \$500,000 for the second year of this project.

2. Personnel Detail Page

A personnel detail page (MDH 432 D), including the qualifications and titles of staff, the hours/days of employment anticipated, the salary per hour/day, and any agency adjustments should be detailed. All consultant costs should be detailed including type of consultant (if known) and an hourly rate for each consultant hired.

3. Collections

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

Proposal Evaluation Criteria

A. Overview

An Ad Hoc Committee shall first review any submitted technical portions for compliance with essential technical requirements as expressed in this RFP. Proposals will be studied in depth and evaluated, first for technical content without consideration of costs, then for costs. The proposals and scores of the top contenders, along with the Ad Hoc Committee recommendations, will be forwarded to AACMHA Contract Committee for review and final determination. In the event that there are multiple successful bidders of equal ranking, the Contract Committee would make the selection based on their review of the results.

B. Evaluation Method

1. Acceptable Offers

Each member of the Ad Hoc Committee will complete a preliminary technical evaluation. All offerors who receive an average rating of 80% or more of total points possible on the technical proposal evaluation from the Ad Hoc Committee will be eligible for consideration. The following is the weighted scale for each component:

a. Qualifications of Offeror and Proposed Staff	15%
b. Technical Proposal	
i. Philosophy and Approach to Service Delivery	20%
ii. Work Plan	20%
iii. Project Plan and Management	35%
c. Response to budget	10%

2. Unacceptable Offers

Those for whom the Ad Hoc Committee evaluates with an average technical rating of less than 80% of the total possible points will not be considered further.

3. Qualification Scores

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

4. Technical Scores

Proposals will be given a score based on the philosophy and approach to service delivery, quality and outcomes, and implementation and operations strategy.

5. Budget Analysis Score

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

- i. Program Budget/Technical Proposal – Personnel Reconciliation
 - i. Staff positions in programmatic budget must be outlined and reconciled with technical proposal, citing corresponding page numbers in the technical proposal
 - ii. Salary should be calculated and displayed as both hourly and annual rates with percentage attributed to this project included
 - iii. Specific licenses should be listed for personnel that match the technical proposal, citing corresponding page numbers in the technical proposal, e.g. LCSW, LCSW-C, LCPC
- ii. Revenue must be broken out by CPT code:

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

Contract Requirements

The selected Offeror will be required to enter into a contractual agreement with AACMHA. A sample contract packet is available at AACMHA for your information. The contents of this RFP and the proposal of the successful offeror will be incorporated by reference into the resulting agreement. AACMHA will enter into a contract only with the selected Offeror and the selected Offeror will be required to comply with, and provide assurance of, certification as to certain contract requirements and provisions.

Attachment 1 Mobile Treatment Services/Assertive Community Treatment Rating Sheet

- I. QUALIFICATIONS OF OFFEROR AND PROPOSED STAFF (15%)
 - A. TRANSMITTAL LETTER
 - 1. Letter signed by authorized official.
 - 2. Letter on Offeror's stationary.
 - B. DOCUMENTATION OF CORPORATE STRUCTURE
 - 1. Current legal status (e.g. Articles of Incorporation).
 - 2. Board resolution approving submission of proposal.
 - 3. Copy of 501c(3) status.
 - C. FINANCIAL CAPABILITY TO PERFORM
 - 1. Description of Offeror's financial capability to carry out work of RFP.
 - 2. Audited financial statements for the last two years.
 - D. SUMMARY OF RELEVANT EXPERIENCE
 - 1. Specific documentation of experience with other similar projects.
 - 2. References and descriptions of similar engagement.
 - 3. Demonstrated knowledge of the PBHS and community to be served.
 - 4. Proof of licensure, accreditation and PBHS enrollment or timeline for meeting this requirement.
 - E. ORGANIZATION STRUCTURE/CHART
 - 1. Description of organizational structure.
 - 2. Explanation of how project will relate to the whole.
 - 3. Table of Organization/organizational relationships.
 - F. STAFFING
 - 1. Resumes of administrative/supervisory staff.
 - 2. Description of staff assigned.
 - 3. Description of duties and qualifications.
 - 4. Names and resumes for all staff and consultants, if to be reassigned or already committed to the project.
 - 5. Number and credentials of staff indicates high probability of meeting project outcomes.
 - 6. Supervisory/administrative support adequate to meet project outcomes.
- II. TECHNICAL PROPOSAL
 - A. PHILOSOPHY AND APPROACH TO SERVICE DELIVERY (20%)
 - 1. Basic values and beliefs about mental health services.
 - 2. Knowledge of population and MST/ACT concept.
 - 3. Knowledge of Maryland Public Behavioral Health System.
 - 4. Demonstrated ability to bill and collect for eligible services.
 - 5. Clear priority for most vulnerable populations and entitlements as a means to recovery and self-direction.
 - B. WORK PLAN (20%)

1. Demonstrate a full understanding of the purpose, expectations, and complexities of the project.
 2. Description of the approach, methods, techniques, tasks, and work plan for addressing the requirements of the project.
 3. Detailed discussion of ability to carry out the duties of the project.
- C. PROJECT ORGANIZATION AND MANAGEMENT (35%)
1. Clear and concise timelines.
 2. Clear and concise work plan.
 3. Quality assurance procedures.
 4. Ability to cover for staff turnover and leave.
 5. Orientation, training and supervision.
 6. Record keeping.
 7. Report requirements.
 8. Problem solving, if encountered.
 9. Strength of ramp up plan.
- III. BUDGET ANALYSIS (10%)
- A. Overall budget.
 - B. Personnel Detail Page.
 - C. Collections.

Attachment 2 Mobile Treatment Services/Assertive Community Treatment Proposal Timeline

Steps to Completion	Completion Date
Advertise/E-mail	February 1, 2023
Register for Pre-Bid Conference RSVP to Chelsea Bednarczyk at cbednarczyk@aamentalhealth.org	February 8, 2023
Pre-Bid Conference at 10:00 am via Zoom	February 15, 2023
Proposal Submission Deadline by 3:00 pm Deliver to: Anne Arundel County Mental Health Agency Attn: Chelsea Bednarczyk 1 Truman Parkway, Suite 101 Annapolis, MD 21401	March 31, 2023
Review Committee Packet Distribution	April 3, 2023
Review Committee at 10:00 am via Zoom	Week of April 17, 2023
Contract Committee via Zoom	April 24, 2023
Board of Director's Approval	April 25, 2023
Contract Award Announcement	April 26, 2023
Work to Begin	July 1, 2023