Maryland Department of Health (MDH)
Behavioral Health Administration (BHA)
Request for Expression of Interest (REOI)
Maryland Opioid Rapid Response (MORR)

Issue Date:	**July 14, 2017**
Title:	**Maryland Opioid Recovery Response (MORR)**
Requesting Agencies:	Department of Health and Mental Hygiene Behavioral Health Administration 55 Wade Avenue, Dix Building Catonsville, MD 21228
REOI Due Date:	**August 10, 2017**
Point of Contact:	Fiona Ewan, CPPB Chief, Division of Finance & Procurement Email: morr.info@maryland.gov Office: (410) 402-8435

SECTION I: Introduction and Background

The Maryland Department of Health – Behavioral Health Administration's (MDH/BHA) mission is, *through publicly-funded services and supports, to promote recovery, resiliency, health and wellness for individuals who have, or are at risk for, emotional, substance-related, addictive, and/or psychiatric disorders to improve their ability to function effectively in their communities.* The BHA is responsible for managing the statewide system of behavioral health care and operating five state psychiatric hospitals and two residential treatment facilities for children, adolescents and transition-age youth. The BHA also provides state and federal grants to the local behavioral health authorities (LBHAs), core service agencies (CSAs) and the local addiction authorities (LAAs) to develop, manage, and monitor a provider network that meets the needs of their community. Each of the 24 jurisdictions are also currently providing crisis services.

The Behavioral Health Administration was recently awarded a two year "State Targeted Response to the Opioid Crisis Grant" (Opioid STR) by the Substance Abuse and Mental Health Administration (SAMHSA). The grant award will be used to address Maryland's opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).

The purpose of the Maryland Opioid Rapid Response (MORR) initiative is to take a strategic and comprehensive approach to increasing access to and enhancing services for individuals with an opioid use disorder (OUD) by reducing gaps throughout the state Public Behavioral Health System (PBHS). Our goal is through utilizing a public health framework of prevention, treatment and recovery services to reduce unmet treatment needs and opioid related deaths. Our priorities are to:

- prevent opioid misuse and abuse through enhanced prescriber practices and public awareness;
- treat opioid dependence by expanding treatment and increasing quality;
- prevent overdose fatalities through naloxone expansion; and
- expand recovery supports in the community.

The targeted population for this effort is adults (age 18 and older) who are experiencing an active substance (Opioid) or co-occurring (Opioid and Mental Health) disorder related crisis or emergency. For the purposes of this REOI, crisis is defined as any life event that suddenly leads to or is expected to lead to an unstable or dangerous situation to an individual and requires action to stabilize, such as opioid misuse or overdose.

SECTION II: Service Goals

There are several components within the MORR initiative. However, its foundation is the implementation of a statewide buprenorphine access expansion plan that co-locates crisis services within ASAM level 3.7 residential treatment facilities and/or other approved behavioral health service site locations. This new services delivery model will provide access to short term stabilization services which may include buprenorphine induction or the use of other forms of medical assisted treatment (MAT) as medically appropriate, establish new withdrawal management services or enhance already existing withdrawal management services in lower residential treatment (3.3, 3.5) levels of care. Care coordination services will be provided to refer and link individuals to their choice of appropriate outpatient community based treatment, including MAT (Buprenorphine, Methadone, Vivitrol), and recovery support services.

Another core element of this initiative is the implementation of a bed tracking system. The BHA will partner with Chesapeake Regional Information System for our Patients (CRISP) to create an electronic system for tracking the availability of crisis beds across all crisis service providers funded under the grant. Crisis service providers must have an electronic medical record (EMR) to utilize the bed tracking system. CRISP will establish connections with each crisis provider's EMR system which will allow CRISP to receive, in real-time, patient admission, discharge and intra-facility transfer messages, as currently implemented with hospitals and other facilities. Applicants who do not have access to EMR to utilize CRISP will need to address how they will coordinate referrals to the crisis center.

In addition to the creation of this new crisis services model, the grant will provide seed money to establish 3.1 residential treatment services in areas with the greatest need since Medicaid reimbursement of 3.1 clinical services will not become effective until January 2019.

SECTION III: Support Documentation

The following documents are being included with this REOI as they may assist you with preparation of your response:

1) Attachment A: Narrative description of all MORR initiative components
2) Attachment B: BHA reimbursement rates for crisis services and 3.1 residential treatment services
3) Attachment C: Referral Pathways
4) Attachment D: Seed-Funding Request Guidelines for Level 3.1 Residential Treatment

SECTION IV: Information Request

The Behavioral Health Administration is soliciting responses to this Request for Expression of Interest (REOI) from local behavioral health authorities (LBHAs), local addiction authorities (LAAs), and core services agencies (CSAs). The LBHAs/LAAs/CSAs are responsible for local system planning, development, and on-going monitoring of the public and private behavioral health service delivery system and should consider jurisdictional needs and gaps in access to treatment and recovery support service availability within the jurisdiction when drafting their proposals.

The LBHA/LAA/CSA is expected to partner with providers who demonstrate a capacity to expand services and who have expertise in providing clinically appropriate Opioid or co-occurring (Opioid and Mental Health) crisis, treatment and recovery support services that support the priorities and goals of the Maryland Opioid Rapid Response (MORR) initiative.

LBHA's/LAA's/CSA's should know that of particular concern to MDH/BHA are 1) an agency's experience and qualifications as a substance use disorder and/or a co-occurring service provider in Maryland and/or other states; 2) the availability of appropriately credentialed staff experienced in the delivery of evidenced based, and culturally competent services for individuals diagnosed with an Opioid Use Disorder, and /or a co-occurring mental health disorder, and/or co-occurring somatic health condition; 3) demonstrated ability to bill the Administrative Services Organization (Beacon Health Options) for service reimbursement; 4) strong relationships with federal, state, and local partners; 5) jurisdictional knowledge and understanding of community needs and resources to include special populations, such as, Veterans and women with children; and 6) knowledge of the American Society of Addiction Medicine (ASAM) patient placement criteria and medical necessity criteria.

1. **Narrative**

Note: Brochures, booklets, or other materials illustrating products and services are not counted in the page limit. All proprietary material should be clearly identified

Proposals should be limited to 10 typed, single spaced pages, using Times New Roman font, size 12 and should include the following information:

- A description of the organizational structure, types of services currently provided (if applicable),
- A brief description of the organizations relevant experience working within the Maryland Public Behavioral Health System.

- A detailed description of your plan for implementing crisis service including:

    - Data used to support the rationale for proposed plan, and an explanation of how funding will be used to, enhance or expand existing services, or to add new service (include description of services). Additionally, describe how care coordination for referral and linkage to community treatment and or recovery support services will be facilitated. **If you are a direct service provider also include an explanation of how you will resolve any potential conflicts of interest.**

    - A description of the process for coordinating access to crisis services to include but is not limited to screening, assessment, referrals, and transportation (if needed) to the crisis center, and a description of your experience providing Care Coordination and utilization

of Peer Support services. Also describe what outreach activities will be conducted with local implementation partners that include but are not limited to crisis mental health service providers, first responders, local law enforcement, emergency departments, individuals, somatic care and other community treatment and recovery support service providers for 24/7 referral, assessment and placement (See Attachment C Referral Pathways.)

- List of proposed treatment service provider(s). **Note**: Residential treatment providers must provide the EHR/EMR vendor's name, product and version. Providers should also identify the vendor's name of any other electronic system utilized to collect and store administrative and or patient information.

- An estimate of the number of persons to be served and a description of the specific population(s); individuals with substance (Opioid) related disorders or co-occurring mental health disorders to be served, (i.e. adults 18-64, older adults 65 or above); Service providers of women with children should also identify the service capacity for children age 0-17.

- A description of your experience responding to the needs of special populations (veterans, homeless, intravenous drug users, pregnant or postpartum women or women with children)
- Current accreditation status or plan to become accredited (under new 10.63 regulations) for ambulatory and residential services types; accreditation letter if applicable and copies of current licenses (not included in page count).

- Medicaid Status/Federal Medicare Status.

- Describe the administrative process including sub-grantee monitoring of contract deliverables, contracting for peer services. **Note**: If awarded, a copy of the sub-grantee contract and MOU agreements must be submitted to BHA within 60 days of award.

- A clear and concise timeline for the implementation of services and startup by September 1, 2017

- A plan for sustainability of services beyond the end of the grant award period.

2. **Budget**

Briefly describe your agency's experience working within a fee-for-service environment.
Budget proposals must include a narrative with budget justification, and a line item budget for a one-year cost estimate.t. Awards will be determined based on need and proposed activities.

Questions may be submitted electronically by 4:00 PM EDT on (July 28, 2017) to:
morr.info@maryland.gov. **Email Subject**: MORR Question Crisis Response. Responses to questions will be available on BHA's Website. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received will be answered unless they are deemed not to be related to the requirements of the REOI.

SECTION IV: Proposal Submission

The LAA/LBHA/CSA should submit the proposal packet electronically to **morr.info@maryland.gov** **Email subject**: PROPOSAL - MORR/ (insert county)/Crisis Response

Proposal Packet should include:

- Narrative:
- Budget (includes budget narrative and line item)
- Proposed service provider(s) current certificates: OHCQ, Accreditation

All responses are to be submitted electronically by 4:00 PM EDT on August 10, 2017 to: morr.info@maryland.gov. **Email Subject**: PROPOSAL - MORR Crisis Response

REOI: M.O.R.R. Initiative

Attachment A: Project Overview

Purpose of Project

The purpose of our proposed project is to take a strategic and comprehensive approach to increasing access to and enhancing services for individuals with an opioid use disorder (OUD) by reducing gaps throughout our Public Behavioral Health System (PBHS) and our state. Our goal is through utilizing a public health framework of prevention, treatment and recovery services to reduce unmet treatment needs and opioid related deaths. Our priorities are to:

- prevent opioid misuse and abuse through enhanced prescriber practices and public awareness;
- treat opioid dependence by expanding treatment and increasing quality;
- prevent overdose fatalities through naloxone expansion; and
- expand recovery supports in the community

The following narrative describes our proposed initiatives in the categories of prevention, treatment and administration.

Prevention Initiatives

Social Marketing

The *Talk to your Doctor, Talk to your Patient* social marketing campaign (generic name at present) is specifically designed to address the lack of patient-doctor communication about the potential harms and risks of opioid medications. This contributing factor for opioid misuse has been identified through our local Opioid Misuse Prevention Program (OMPP), program needs assessments as well as findings from the Maryland Public Opinion on Opioids Survey. The goal of this campaign is to influence and change communication behaviors of both patients and prescribers/dispensers.

Stigma Reduction Media Campaign

The Anti-Stigma Communication/Education Campaign is designed to address the stigma associated with the heroin/opioid crisis. Stigma leads to fear and misunderstanding as to the disease and treatment making those at risk less willing to seek help, communities less willing to embrace those in recovery, and to the implementation of policies that do more harm than good.

The objectives for this project are to reduce the general public's stigma regarding substance use disorder and treatment associated with SUDs through Public Service Announcements (PSAs), mobile app, website, print, radio & TV, and social media.

Harm Reduction Outreach

The Harm Reduction initiative will add an outreach component to crisis bed referral

infrastructure that facilitates in-community referrals. An outreach model is an important component of any substance use program. It enables providers to reach individuals who are otherwise untouched by services or experience logistic or stigma-related barriers to accessing care. In this project, harm reduction services such as the distribution of naloxone and sterile injection supplies will be provided in high-need communities. This project will extend the reach of the crisis center and empower communities to access needed services. Increased distribution of naloxone in high need areas will reduce overdose deaths.

The goal is to establish capacity of harm reduction outreach teams to reach people at high-risk for overdose to identify appropriate referrals to crisis centers and substance use disorder treatment by:

1. Identification of high-need regions of Maryland with populations in need of harm reduction outreach (indicators of injection drug use);
2. Creation of 3 outreach teams positioned in high-need regions of the State, in proximity to behavioral health crisis centers;
3. Establishment of an authority for outreach teams to conduct harm reduction activities;
4. Hiring outreach team members (2 Peer Recovery Specialists and 1 coordinator); and:
5. Conducting outreach in high need areas, in collaboration with community groups and existing ORPs.

Treatment Initiatives

Expansion of 3.1 Residential Treatment Capacity and Crisis Services in 3.7 Residential Facilities

Maryland plans to implement a statewide buprenorphine access expansion plan, create additional level 3.1 residential treatment providers, co-locate crisis services within residential treatment facilities and expand community recovery supports for individuals with opioid use disorders who are experiencing a behavioral health crisis. Our mission is to curb the rate of growth in overdose deaths through collaboration and cross agency efforts with Maryland's state agencies. This intervention is aligned with federal priorities to increase access to treatment, reduce unmet treatment need, and provide treatment and recovery services for individuals with opioid use disorders.

The embedding of crisis services within our 3.7 residential facilities is a new services delivery model of care that will provide short term (not usually to exceed 4 days) stabilization services, enhance already existing withdrawal management services, and expand access to treatment and recovery service availability with the addition of buprenorphine induction and care coordination by Certified Peer Recovery Specialists. The addition of crisis services co-located within residential treatment facilities gives the state an opportunity to provide immediate attention in the least restrictive setting through a robust menu of individualized treatment services and recovery supports. We plan to cover the cost of transportation for individuals who are uninsured and are being transported to the crisis and assessment unit and/ or who require transportation from the crisis unit to community treatment and/or recovery supports. As an added benefit, this service mix will provide emergency department (ED) high utilizers with access to appropriate levels of care and service, and will decrease costly

inpatient hospitalizations. Additionally, this approach will promote treatment rather than incarceration as it will likely decrease the number of interactions with local law enforcement, often resulting in arrests, and divert individuals to the appropriate level of care.

In addition to the creation of crisis services, we also plan to create new 3.1 programs that will be funded through grant funds until Medicaid reimbursement becomes available. These programs will be developed in areas of the state where current shortages of this level of service exist. The development of this capacity is important not only to increase the availability geographically, but also in order to provide a step-down directly to the community from the 3.7 facilities when those who were admitted in crisis are ready to be discharged. Since this is a lower intensity residential service or recovery residence service provider, it will be more cost effective. We will be reducing our over reliance and over utilization of costly level 3.7 residential treatment services. This enhancement of 3.1 services would make one time funding available until January 2019 at which time jurisdictions will have the ability to support the program with on-going Medicaid funding.

The goals for our two part initiative are to:

- Increase the number of individuals utilizing MAT,
- Increase access to lower intensity residential treatment services,
- Increase access to crisis services in 3.7 facilities, and
- Increase utilization of community recovery supports for individuals receiving MAT.

Enhance Existing Naloxone Distribution Programs

Maryland is looking to the benefit of enhancing existing naloxone distribution programs by increasing the number of people trained by 31,000 over two years. The goal is to reduce opioid overdose deaths through enhanced naloxone distribution to high need populations in high need areas of Maryland. This will be accomplished by:

- Identification of high-need regions of Maryland through data on overdose fatalities and near fatalities;
- Providing funding to purchase additional naloxone kits to LHDs/LAAs;
- Providing technical assistance to ensure naloxone is distributed to people at risk for overdose and their immediate friends and family through a direct service model;
- Providing funding to crisis centers for naloxone;
- Providing technical assistance as needed to incorporate overdose education and naloxone distribution for clients into crisis center workflow; and
- Identifying a model for reimbursement of naloxone training as a behavioral health service by non-clinical ORPs or providers

Bed Tracking System

BHA will partner with Chesapeake Regional Information System for our Patients (CRISP) to create an electronic system for tracking the availability of crisis beds across all crisis service providers funded under the grant. CRISP is a regional health information exchange (HIE) serving Maryland, where it is formally designated as Maryland's statewide HIE, and Washington, DC. CRISP connects all 46 acute care hospitals in Maryland and a number of laboratories, radiology

centers and community practices, and gives healthcare providers online access to patient health information through its web-based query portal. Since 2013, CRISP has also served as BHA's IT service provider for the Prescription Drug Monitoring Program (PDMP), allowing Maryland PDMP data to be incorporated into the HIE's query portal alongside other clinical records. This successful partnership will be leveraged to improve access to crisis beds and enhance care coordination for patients utilizing crisis services.

To develop the bed tracking system, CRISP will establish connections with each crisis provider's electronic medical record (EMR) system. This will allow CRISP to receive, in real-time, patient admission, discharge and intra-facility transfer messages, as currently implemented with hospitals and other facilities. CRISP will modify the interface for its existing automated patient-event notification system (ENS), ENS PROMPT, to serve as a registry system capable of displaying current bed availability at each site. The registry will be used by crisis service providers, BHA and potentially hospitals, emergency medical services (EMS) and other community entities who may refer patients to crisis services. This will ensure that patients can be quickly directed, or diverted, to crisis providers that have available beds. CRISP integration will also ensure universal query of PDMP data, hospitalizations, and other clinical records by crisis provider medical staff for all patients treated.

Prevention Initiatives

Harm Reduction Outreach

The MDH currently oversees approval of Syringe Services Programs (SSP) for Maryland. SSPs facilitate the distribution of clean injection equipment to injection drug users to prevent the spread of blood-borne infectious diseases and connect clients to other health services. Thirty-six percent of the nearly 60,000 individuals receiving publicly-funded SUD treatment services in the state between July 2015 and March 2016 reported injection as a route of administration, with some rural jurisdictions having over 60% of individuals in treatment reporting having injected drugs, according to data from Beacon Health Options, the Administrative Service Organization (ASO) for Medicaid behavioral health benefits in Maryland. Since 1994, Baltimore City Health Department has operated the state's only SSP under a city-specific state statute. A new law authorizes other LHDs/LAAs and qualified community-based organizations throughout the state to establish SSPs. In anticipation, DHMH submitted to CDC a justification for use of federal funding to support allowable SSP-associated costs and was approved. SAMHSA's grant funding will be used to incorporate syringe services programs into harm reduction outreach in an identified high-need jurisdiction. MDH is taking the lead in implementing the new law, approving new programs, and providing technical assistance.

Treatment Initiatives

Expansion of 3.1 Residential Treatment Capacity and Crisis Services in 3.7 Residential Facilities

Current programs that relate to this proposed initiative are:

Federal: Maryland's MAT-PDOA initiative called MD MATRS (Medication Assisted Treatment and Recovery Supports) shares the primary goal of increasing enrollment in MAT. The BHA is

working collaboratively with local implementation partners to provide targeted care coordination, treatment expansion and peer enhancement services with the intent of reducing the number of overdoses and overdose related deaths.

The primary goals for the project are: to increase enrollment in MAT through peer outreach to overdose survivors in emergency rooms; bridge gaps between the overdose experience and entry into a standard MAT program with the use of interim methadone maintenance; in lieu of detoxification, begin buprenorphine induction prior to discharge from a 3.7 facility; facilitate admission into MAT programs; provide specialized training to peers around initial engagement and or outreach; and enhance existing MAT services through the use of innovative peer and social supports.

Services funded through this project are only delivered in two high risk communities; Anne Arundel County, which focuses on increasing the use of methadone, and in Baltimore City which focuses on buprenorphine induction. However, it does not use a crisis intervention model as a method for recruitment of patients. MD MATRS is in year two of the three year grant cycle.

State: Maryland RecoveryNet develops partnerships with service providers statewide and funds access to clinical and recovery support services for individuals with substance-related disorders and substance-related disorders co-occurring with mental health conditions who have treatment and recovery support needs. All Maryland RecoveryNet service recipients receive care coordination through which they can access a menu of services which includes halfway house, recovery housing, transportation, employment services, vital records reports, medical and dental services, and other unmet needs as expressed by the individual and/or identified by the care coordinator.

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Attachment B: Residential Treatment for Individuals with Substance Use Disorder Reimbursement Rates

Crisis Services Reimbursement

- Crisis services: No Buprenorphine induction $263 daily rate (not to exceed 4 days)
- Crisis services: with Buprenorphine induction $263 daily rate + $30 for medication = $293 daily rate (not to exceed 4 days)

ASAM 3.1 Level of Care Reimbursement

- $60 daily rate

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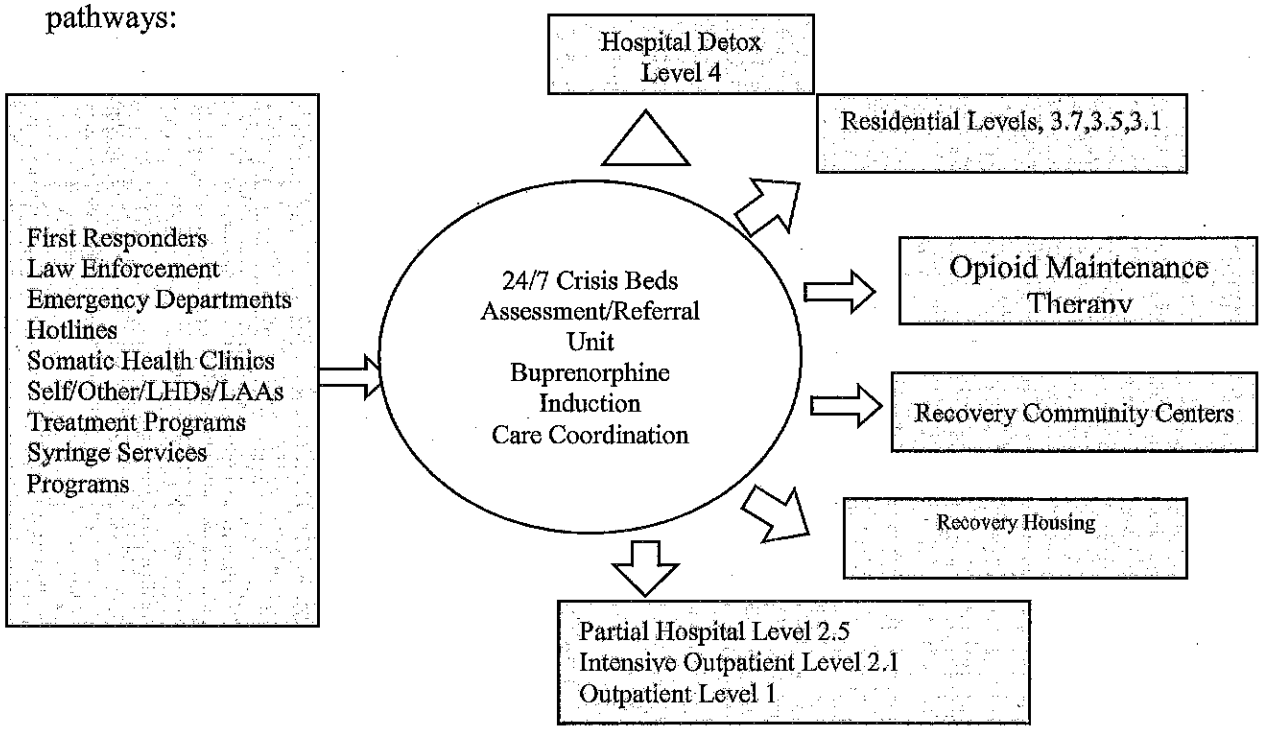
Attachment C: Referral Pathways

Treatment Initiatives

Expansion of 3.1 Residential Treatment Capacity and Crisis Services in 3.7 Residential Facilities

The state will utilize a "no wrong door" approach to identify and recruit individuals in need of crisis services. In collaboration with our LHDs/LAAs, the administration will develop referral and service pathways with local implementation partners that include but are not limited to crisis mental health service providers, first responders, local law enforcement, emergency departments, individuals, somatic care and other community treatment and recovery support service providers for 24/7 referral, assessment and placement. The figure below illustrates the referral and service pathways:



Our targeted population is adults (age 18 and older) who are experiencing an active substance or co-occurring disorder related crisis or emergency. A priority population designation has been assigned to veterans, pregnant women, and individuals who are HIV positive. For example, in Maryland, there are tremendous medical social, emotional and financial risks stemming from pregnant woman and women with families who use opioids and are shown to have multiple co-morbidity factors (three or more psychiatric diagnoses in addition to substance use disorder) than are men. This population of women also had a history of trauma, intimate partner violence, criminal justice involvement, less involvement with medical professionals, and late prenatal care.

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Attachment D: Seed-Money Request for Residential Treatment Expansion

I. General Purpose:

This grant may provide one-time only seed money, contingent on funding availability to local jurisdictions interested in participating in the M.O.R.R. Initiative. The seed-money can be used to develop ASAM Level 3.1 residential treatment in areas with limited of no availability of this level of care. Priority will be given to the jurisdictions listed below, however all jurisdictions are eligible to apply for funding (*Jurisdictions have no ASAM Level 3.1 services).

Allegany	Garrett*	Somerset*
Dorchester	Kent	Talbot*
Caroline*	Prince Georges*	Worcester*
Charles*	Queen Anne's*	

II. General Requirements:

The local addiction authority (LAA) or local behavioral health authority (LBHA) will review the continuum of residential services available in their jurisdiction and determine if a gap exist. The LAA or LBHA will review proposals from interested providers prior to submission to BHA. Providers selected must meet the eligibility criteria described below and describe how it fit into the elements described in Attachment C.

Provider Eligibility Criteria:

1) Be eligible for licensure to provide residential substance use disorder treatment services only or services to individuals who have a co-occurring substance use and mental health disorders in Maryland; AND
2) Have the ability to bill fee-for-service effectively and efficiently; AND
3) Have an audited financial statement showing revenue and collections for a minimum of two years.

III. Eligible One time only costs:

- Renting, leasing or purchasing space to provide direct services
- Hiring staff
- Staff training during start-up
- Equipment and supplies
- Utilities, and advertising
- Accreditation Fees
    - purchase of manual and workbook
    - fees associated with accreditation body's site visit/Survey
    - Application fee for accreditation

A maximum of three months of start-up cost will be funded. Awards up to $75,000 will be granted contingent on need, the level of coordination with Level 3.7WM and crisis services, and availability of funding.

IV. Proposal:

Interested providers should:

- Submit proposals to the local addiction or behavioral health authority, or core service agency for review and to obtain a letter of endorsement.

Directions to LAA/LBHA/CSA

- Review the provider's proposal, email the proposal and a letter of endorsement (on letterhead) to **morr.info@maryland.gov Email Subject: MORR/county/3.1)**

Narrative:

1) No more than 10 type written pages describing interest, expertise and abilities to provide level ASAM Level 3.1 low intensity residential treatment services. The narrative should include:

- A description of the proposed organizational structure and any current or prior experience working within the Maryland Public Behavioral Health System to improve recovery outcomes for individuals with substance-related or disorders or co-occurring disorders (substance use and mental health).
- A description of the population(s) targeted for services, the proposed types of services, total residential treatment bed capacity, and number to be served.
- A description of the plan to coordinate the acceptance of referrals (including individuals on Medication Assisted Treatment) from crisis centers, residential treatment providers, or other community service providers.
- Proposed staffing patterns and credentials including peers if applicable.
- A description of current capability or prior experience with fee for service billing.
- A detailed timeline for the start-up and implementation of services including a description of the plan to obtain OHCQ (Office of Health Care Quality) licensure under COMAR 10.47, and subsequent accreditation and licensure under COMAR 10.63.
- A letter of endorsement from the local addiction authority, local behavioral health authority, or core service agency.

Budget

Briefly describe your agency's experience working within a fee-for-service environment. To assist with determining if it is fiscally feasible for local jurisdictions to outsource services to your organization, please include a one-year cost estimate. Budget proposals must include a narrative with budget justification, and a line item budget.

Awards will be determined based on need and proposed activities.

V. Evaluation Criteria

Each proposal shall be reviewed by the LAA or LBHA and evaluated by committee at BHA.

Submit questions to **morr.info@maryland.gov; Email Subject**: MORR Question 3.1