



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

**Behavioral Health Administration**  
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**REVISED**

**FY21 Crisis Response Programs: Request for Proposals  
Responses**

**Change in submission dates:**

Providers are to submit proposals directly to their respective LBHAs/CSAs/LAAs by **Tuesday, June 23, 2020 by 12:00 PM.**

LBHAs/CSAs/LAAs are to submit selected proposals (limit 3) for grant funds to BHA by email to [Proposals.CrisisPrograms@maryland.gov](mailto:Proposals.CrisisPrograms@maryland.gov) by **Tuesday, July 14, 2020 by 12:00 PM**

- 1. Are vehicles an allowable expense (purchase or lease)?**  
Response: Vehicle purchase is not allowed. Proposals for mobile crisis services may include in their budget the cost of a leased vehicle. Proposals should justify the type of vehicle and intended use.
- 2. Can submitted proposals note that activities may be delayed by COVID-19? In other words, can implementation of the RFP be postponed until after COVID 19 resolves.**  
Response: The impact of COVID-19 will be taken into consideration; however, crisis services are essential in the array of providing care. We anticipate an August 1 award date at which time we'll know more about the pandemic.
- 3. Please explain the staffing pattern noted on page 11 for Crisis Walk-In Center? Is this staffing pattern required for all proposals?**  
Response: The staffing pattern is intended for crisis walk-in and stabilization programs. Your proposal should describe the staffing mix for each shift. In addition, please describe access to a physician and/or nurse if a medical person is not available onsite.

4. Can a vendor subcontract with another vendor to provide services (example residential crisis provider subcontracts with a substance abuse provider for ambulatory detox)?

Response: Subcontracting is permitted as long as it supports the needs of the jurisdiction expressed by the local health authority.

5. How do providers/ LBHA's handle regional submissions? For example, one LBHA will act as the lead, but the provider will serve more than one county. For example, can one LBHA review and submit? Or does the program proposal need to be submitted to and reviewed by all LBHA's that will be served. In other words can one LBHA act as lead to accept the proposal and do the proposal review with the partnering LBHA's?

Response: Jurisdictions may submit a joint proposal demonstrating agreement that proposed services will benefit all the jurisdictions named in the proposal. Health authority directors should determine the lead jurisdiction.

6. What is the latest start date of this RFP for proposals?

Response: New programs are to begin three months after the award notification.

7. Please explain staff requirements noted under H page 10. 10.63.04 does not specify positions. Please explain the expectations for onsite staff such as nurses, NP, social workers etc. when programs may be very small in capacity?

Response: The staff requirements should meet the requirements for accreditation and licensure.

8. Does a program submission have to address more than one element of this RFP? Or can the program select from more than 2 of the following 4 elements (Mobile Crisis Services, Crisis Walk- In, Crisis Stabilization Services, or Residential Crisis Beds). Can a program only address one element?

Response: No, a program may draft one proposal that focuses on one type of service and a specific population or combine services. (e.g. mobile crisis services for youth)

9. If a proposal was submitted directly from an LBHA last year on behalf of those providers that expressed interest and the funds were not awarded to that LBHA, the LBHA has a copy of the scoring sheet. Can that scoring sheet be shared with new providers that wish to resubmit to know how to improve? Or is that just for the LBHA records?

Response: Sharing review sheets is at the discretion of the LBHA/CSA/LAA.

10. What model or program are you basing this proposal on? Where can we reference the model of care being proposed so we can review?

Response: Program services need to meet the services defined in the RFP beginning on page 3.

11. Is there any information about the amount of funding being awarded?

Response: The total budget for FY21 is \$4,000,000. Through a competitive grant process, programs will be awarded based on the quality of the proposal, geographical need, and available funding. Programs awarded in FY20 will be renewed as long as all requirements are met.

12. Is there a minimum/maximum award amount?

Response: A minimum/maximum award has not been set. Available funding is limited and awards are based on the quality of the proposal, geographical need, and available funding.

13. What is the total funding allocated for the grant statewide?

Response: Legislation requires that \$4,000,000 be awarded for crisis services in FY21. Programs awarded in FY20 will be renewed as long as all requirements are met.

14. Is there an expected average award amount?

Response: There is no expected average award amount. Proposals will be based on the quality of the proposal, geographical need, and available funding.

15. How many awards does BHA anticipate?

Response: The number of awards will be determined by the number of successful proposals and available funding.

16. Are capital expenses for expansion eligible for funding or are only operational expenses allowable?

Response: Capital expenses are not eligible for funding. The proposal should describe minor renovation costs needed to provide the proposed service.

17. Are vehicles an allowable expense (purchase or lease)?

Response: Vehicle purchase is not allowed. Proposals for mobile crisis services may include in their budget the cost of a leased vehicle. Proposals should justify the type of vehicle and intended use.

18. What will be the level of agreement and support from the LBHA?

Response: The BHA expects the LBHA to be in agreement and support of the proposed program.

19. Are you considering community outpatient programs for this expansion? If so, is the program required to offer services 24/7?

Response: No. Programs under HB1092/SB703 (2018) include: mobile crisis teams, on-demand walk-in services, and crisis residential beds. The expectation is that these services will be offered 24/7. The exception is crisis stabilization which is <23 hours of continuous service with the goal of referring the individual to the next appropriate level of care.

20. What are the minimum available number of hours services are to be available?

Response: Mobile Crisis Services, Residential Crisis Services, and Walk-in Services operate 24/7 each day. Crisis Stabilization provides services up to 23 consecutive hours of supervised care to assist with de-escalating the severity of their crisis and/or need for urgent care. Please see Section III starting on Page 3 for definitions.

21. Will you be hosting an information session for potential grantees?

Response: No information session is planned at this time.

22. Are there requirements for Crisis Stabilization such as staffing requirements? They are listed for the walk-in crisis center and residential crisis bed, but not crisis stabilization. Just checking in the event this was an omission by mistake.

Response: Staff requirements for crisis stabilization are the same for walk-in services. Your proposal should describe how you will access a physician and/or nurse if a medical person is not available onsite.

23. What is the source of the funding for this grant (state general funds, federal funds, SOR, STR, etc.)?

Response: Funds for this grant are legislated under HB1092/SB703 (2018).

24. If an applicant receives funding from another funding source through BHA for related services, are they eligible to apply for these funds?

Response: Yes, as long as one award does not supplant the services funded under the other award.

25. Will BHA award grants in each jurisdiction?

Response: Legislation requires that \$4,000,000 be awarded for crisis services in FY21. Programs awarded in FY20 will be renewed as long as all requirements are met. Jurisdictions without crisis services or provide minimal crisis services who wish to establish or expand services will be given special consideration. Due to limited funding, BHA does not expect each jurisdiction to be awarded.

26. Will questions from other jurisdictions be shared with every jurisdiction?

Response: Yes

27. Will the names of the BHA review team be made available to applicants?

Response: No. Workgroup membership includes a variety of individuals including State agencies, University, Advocates, and private citizens.

28. What is the limit on the amount we can request for this grant opportunity?

Response: There is no limit per se, but it is best to be conservative about the budget request as funds are limited.

29. What percent of the grant is allowed for admin/indirect cost?

Response: The IDC rate is capped at 10%. BHA does not allow IDC on the private CSA/LAA/LBHA's

30. Is there a match requirement?

Response: No match is required.

31. Is Medicaid billing allowable to supplement costs for services?

Response: No, services billable under the fee-for-service system should be billed as such. This funding is only for non-reimbursable services.

32. Is this a cost-reimbursement contract?

Response: Yes, for services legislated under HB1092/SB703 (2018).

33. What are the estimated number of clients and the duration that they will be in our care?

Response: This depends on the type of service being proposed. Crisis services are short term and focused on immediate treatment, short stay, and referred to the next appropriate level of care. The number of clients will be determined by facility capacity.

34. Is this RFP for everyone County throughout the State?

Response: Yes, this is open to all jurisdictions.

35. On section/page IV. A. Pg 16 notes the provider must be a Medicaid provider and accredited. Is this required if the provider is applying for funds for services that aren't billable to Medicaid such as MCT and crisis stabilization, etc?

Response: Eligibility Requirement: Certification as a Medicaid provider, with the ability to access reimbursement through Optum Maryland for behavioral health care services **and/or** Maryland's Managed Care Organizations for somatic health care services. Proposals intending to provide non-reimbursable services should also discuss how care will be coordinated with a Medicaid provider and or an MCO.

36. Can providers that are already providing 24/7 Walk-In services that are not fully funded respond to this RFP, or is this for new programs/services?

Response: Yes, new and expanding programs will be considered. Expansion projects should describe how the expansion will address any unmet needs.

37. The RFP says the contract is for July 1, 2020-June 30, 2021. However, the deadline for the LBHA, etc.'s to submit to BHA is July 10, 2020. When will contracts actually begin?

Response: The targeted award date is August 1, 2020.

38. Per COMAR 10.63.04.04, a program for those under 21 "may offer services in an appropriately licensed therapeutic program." I read that to mean we could use our DHS licensed residential programs or TFC homes for this service, provided it also meets the other requirements of 10.63.04 and that the funding from that would be paid through MA. Is that correct?

Response: This response is being researched further as the regulatory requirements within CAYAS are still under review.

39. What is the approximate time frame for award to LBHAs? What is the expectation for start of services? • Since awards will not be finalized and sub-vendor contracts in place until the new fiscal year, will selected sub-vendors have the option to include one-time start-up costs into the initial budget?

Response: BHA has targeted August 1 to issue the award letters. Sub-vendors may include start-up costs in their initial budget for new projects.

40. Is there a possibility that proposals could be awarded a portion of their request?

Response: Awards are based on the quality of the proposal, geographical need, and available funds. It would be difficult for BHA to know how the provider would portion their services. Funds would be awarded to the next jurisdiction on the ranking sheet until funds were exhausted.

41. Will BHA assist selected providers with obtaining designation as Emergency Petition receiving facilities if appropriate?

Response: No, obtaining designation as Emergency Petition receiving facilities is not the intention of this funding.

42. *F. Priority Population: Individuals who walk in or voluntarily agree to be transported to crisis services by the identified partners and are medically screened - "walk in" where?* Does this specifically refer to people seeking services at EDs?

Response: One of the goals of this grant is to divert individuals in crisis from the ED. Proposals seeking to provide walk-in and stabilization services should allow for individuals to walk-in. Residential crisis bed providers should partner with mobile crisis teams and providers of walk-in/stabilization services as appropriate.

43. *Crisis Walk-In Centers (p.10) - Does "outreach" to people in behavioral health distress include mobile crisis services – would those services need to meet the same requirements as in RFP?*

Response: All providers of crisis services should incorporate into their delivery model outreach services to people in behavioral health distress. This can be done in partnership with the local health authority, law enforcement, places of worship, etc.

44. Do all Walk-In Center proposals need to meet all these criteria – serve all age ranges, community-based outreach, etc? In other words, could there be a youth-focused walk-in center?

Response: A youth-focused walk-in center is eligible for consideration.

45. *Mobile Crisis Services (p.11) - provided by two-member teams, credentialed, privileged staff – is this required by both members? Does this include peer certification?*

Response: The mobile crisis team includes a licensed behavioral health professional and a certified peer specialist. If the peer specialist is not certified, the proposal should provide a plan and timeline on obtaining certification.

46. If [a provider] represents more than one BHA jurisdiction, which do we apply to or do we apply to more than one?

Response: The proposal should come from one jurisdiction and describe the nature of the partnerships with the other jurisdictions.

47. Is the grantee allowed to ask anyone more questions after submitting these questions by the date of June 1st by 5:00 p.m.?

Response: The question period is closed.

48. Is the grant award to be given to one recipient only out of the entire State of Maryland or more recipients across the state?

Response: Successful proposals as ranked and will be awarded until funding is exhausted.

49. Is the grant award to be given to recipients in every jurisdiction?

Response: Every jurisdiction is eligible to submit proposals.

50. Does the grantee provide an integrated Behavioral Health Plan to guide service delivery at the local level, as well as does each jurisdiction?

Response: The grantee should work with the jurisdiction to determine an integrated behavioral health plan.

51. On p. 6, "B. Overview" is there a current community system in place for access to treatment for those in mental health/substance disorder related crises, and if so, does the grantee have to demonstrate compliance with the current system?

Response: The proposal should identify how services integrate with a community behavioral health system supporting the efforts of the local health authority.

52. On p. 17, "E. Fiscal Feasibility", does the nonprofit itself complete the risk assessment in Attachment A that is sent with the grant application or is the risk assessment a requirement for another entity to verify?

*BHSB Response: We like to ask that providers submit the form with their Responses for our review and follow up. We would ask that BHA advise applicants to submit the forms filled out, in Word format if possible, so we can make changes as we complete our review. Thanks!*

Response: BHA will email a Word version of the risk assessment form to all jurisdictions.



53. On p. 1 (addendum) The "Pre-Award Risk Assessment Template and Guidance" form discusses the process by which risk assessment occurs. Is this done by jurisdictions prior to the application? If so, how is this scheduled?

*BHSB Response: We will be asking providers to submit additional documents after they submit their proposals to complete our review. We would ask that BHA encourage applicants to follow local procurement processes and respond as quickly as possible to additional requests for information. Thanks!*

Response: Applicants are encouraged to follow local procurement processes and respond quickly to additional requests for information.

54. The staffing model for Residential Crisis called for in the RFP far exceeds current COMAR for Residential Programs and would be unsustainable under the current fee for service rates once the grant funding concludes. It seems as though it is only appropriate for a much larger program/larger facility. Will proposals be considered that scale down the staffing in accordance with current regulations but include added components of nursing care as long as there is means to begin buprenorphine? Would tele options be considered for the NP?

Response: The staff requirements should meet the requirements for accreditation and licensure. Proposals should describe the staff mix for each shift as well as describe how it will access a physician and/or nurse if he or she is not onsite. Added components should be fully described in the proposal with a timeline on when they will be added.

55. Will the awards from this end in three years?

Response: This is the second of three years. We hope to include funding in the budget after the third year, but we cannot guarantee it.

56. There seem to be multiple staffing patterns for mobile crisis teams. Is the Nurse practitioner meant to be for Mobile Treatment rather than Mobile Crisis Teams?

Response: Mobile Crisis Teams consists of a two-person team and provides face-to-face services delivered in a community setting where the individual lives, works and/or socializes. The two-person team consists of a licensed behavioral health clinician and a case manager or a peer/family support provider who receives supervision and training in crisis response.

57. There are a lot of different service types and models outlined in the RFP, is it required that we use the exact models in the RFP or if we have support from the LBHA/CSA are

we able to propose staffing for Crisis Service models that focus on local area needs, economy of scale, and ensuring no duplication of services?

58. Response: Staffing models should follow what is outlined in the RFP. For crisis walk-in and stabilization services, proposals should describe the staff mix for each shift as well as describe how it will access a physician and/or nurse if he or she is not onsite.

59. Given the current pandemic and its potential for evolving, the startup of new services may prove challenging. The RFP requests a timeline, how should we reflect the uncertainties and challenges that COVID-19 may prove during start up?

Response: It is difficult to predict the full impact of COVID-19. BHA will follow all opening guidelines set forth by the State and work in partnership with the jurisdiction

60. Accreditation and Licensing as required to provide services. As an accredited and licensed Mobile Treatment provider, will our accreditation and license be acceptable to satisfy this eligibility requirement for the Mobile Crisis Services portion of this grant?

Response: The proposal should describe the provider's experience with providing the identified service(s) and may include a description of experience with other services in support of the proposed service.

61. Experience providing behavioral and/ or somatic health care services for at least the last five years. The provider has provided behavioral health services over the course of the last 3 years and has a program director and medical director that both have well over 5 years of experience each. The medical director has experience in both Behavioral Health and Somatic Care. With that said, will the provider's collective experience satisfy this requirement?

Response: The proposal should describe particular experiences that support the proposed service.

62. What is the expectation for grant funding for each provider awarded a Mobile Crisis grant?

Response: There is no set funding amount. This is a competitive process with high scoring proposals receiving funding until the award is exhausted.

63. For the response to the proposal, do I need to submit a budget and a detailed narrative? Is there a template for the budget requirements such as an excel spreadsheet to be used?

Response: A budget and budget narrative is required for submission. You may use an Excel spreadsheet.

