

**Maryland Department of Health (MDH)  
Behavioral Health Administration (BHA)**

**BHA Telehealth Equipment Program Pilot**

**Request for Proposals (RFP) for Participating Jurisdictions**

**Issue Date:** February 5, 2021

**Requesting Agency:** Maryland Department of Health  
Behavioral Health Administration  
55 Wade Avenue, Dix Building  
Catonsville, MD 21228

**Provider Proposals Due to  
Local Behavioral Health Authority  
(LBHA)/Core Service Agency (CSA)/  
Local Addiction Authority (LAA):** March 15, 2021 by 5:00 p.m.

**BHA Point of Contact:** Steve Whitefield, MD  
Medical Director  
Behavioral Health Administration  
Email: [steven.whitefield@maryland.gov](mailto:steven.whitefield@maryland.gov)

**Introduction:**

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 our block grant funds, in order to provide clients with HIPAA compliant smartphones and tablets, along with internet access with 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 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 to keep a small amount of funds in reserve for equipment replacement.

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.

The funds for the smartphones, tablets, and internet access will be distributed through local jurisdictions. Each jurisdiction will conduct their own RFP solicitation, with a RFP developed by BHA with input from local jurisdictions, and will monitor the selected providers for program compliance on an ongoing basis.

This small pilot will later be expanded to all interested jurisdictions. The anticipated maximum total a provider would receive is \$21,750. This is determined from the calculation that the average cost per client to fund telehealth access for 1 year is \$870, and with each provider funded to a target of 25 clients. If a provider's 25 clients all achieve telehealth access using less than the funding total of \$21,750, then the remaining funds can be used for additional clients beyond 25. 2 providers per participating jurisdiction will be funded, except some larger jurisdictions may receive funding for 3 providers. Jurisdictions can collaborate and take a regional approach for the provider RFP process alone, or for also meeting all of the jurisdictional requirements of the program.

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.

**If there are insufficient funds to award grants to all applicants that have submitted proposals meeting eligibility criteria as set forth in this RFP, funds will be awarded based on a priority ranking of proposals by jurisdictions in accordance with the provider information identified in this RFP.**

### **Application Process:**

Participating jurisdictions will solicit proposals from their community providers, although 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. All questions from potential applicants concerning this RFP should be directed to their Local Behavioral Health Authority (LBHA), Core Service Agency (CSA) or Local Addiction Authority (LAA) by **February 22, 2021 at 5 p.m.** Each LBHA/CSA/LAA will submit all questions received to BHA for response no later than **February 25, 2021 at 5 p.m.** to [steven.whitefield@maryland.gov](mailto:steven.whitefield@maryland.gov).

Interested providers shall submit applications to their LBHA/CSA/LAAs. BHA recognizes that some LBHA/CSA/LAAs also provide direct service and may be interested and eligible to apply for this funding opportunity. If a LBHA/CSA/LAA is applying for funding as a direct service provider, the LBHA/CSA/LAA in that jurisdiction must have a process to ensure there is no conflict of interest in reviewing and ranking proposals received. Specifically, any jurisdiction that intends to apply as a service provider for this funding opportunity must follow their conflict of interest procedures approved by BHA as part of their jurisdiction's integration plan, and notify BHA in writing of their intent to apply as a direct service provider and their commitment to follow their conflict of interest plan.

All applications for funding will be reviewed and ranked by the LBHA/CSA/LAA. Jurisdictions make the final selection from among the applicants for which of their 2 providers will be funded. If a single jurisdiction conducts the RFP then they will follow their procurement process. For jurisdictions that collaborate there should be a lead LBHA that follows their procurement process. In case a provider were to drop out or be removed, or funding for additional providers becomes available, all applicants should be ranked. BHA is notified on which providers are selected and the rankings. In the event of a conflict of interest, as discussed above, the entity designated in the jurisdiction's BHA approved conflict of interest procedures will be the entity responsible for selecting and ranking the applicants.

The LBHA/CSA/LAA should score and rank each proposal received and determine that each proposal or proposals submitted meets their criteria for competitive selection. It is anticipated that all participating jurisdictions will be funded for at least 2 providers, with larger jurisdictions potentially funded for 3 providers. All applications submitted must meet the minimum eligibility criteria described in this RFP to receive funding. Special consideration should be given to proposals that address disparities in telehealth access based on income, race and ethnicity, and geographic location.

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.

The LBHA, CSA, or LAA will engage in quality monitoring activities to evaluate the quality of various aspects of the program. These activities will include:

a) Site visits and client and staff interviews to evaluate compliance with program requirements, b) Review of data reports to evaluate programmatic outcomes, c) Review of financial reports to evaluate financial outcomes, d) Review of general administrative compliance documents, e) Review of incident reports and follow-up actions. The selected applicant will be required to participate in all monitoring and evaluation activities. If, during monitoring activities, it is discovered that the selected applicant is not fulfilling the obligations stated in the contract resulting from this RFP, a Corrective Action Plan may be required, with additional follow-up monitoring to ensure requirements are being met, or the contract may be terminated.

**RFP Specifications:**

A. Providers must submit their applications to their LBHA, CSA, or LAA.

B. Proposal Timeframe, Submission, Contact and Term:

1. Timeline

|                               |                                  |
|-------------------------------|----------------------------------|
| Issue Date:                   | <b>February 5, 2021</b>          |
| Proposal Due to LBHA/CSA/LAA: | <b>March 15, 2021 by 5:00 PM</b> |

2. Proposal Submission and Location

Providers are to submit their proposals electronically to their respective behavioral health authorities (LBHA, CSA, or LAA) by **5:00 p.m. on March 15, 2021**. As some email systems prohibit sending or receiving large files, applicants may need to split files into multiple emails. Proposals submitted after the closing date will not be considered. It is recommended that a separate email be sent with no attachments to request confirmation that the proposal was received.

LBHA, CSA, or LAA provider selections must be sent electronically to BHA by email by **April 5, 2021 by 5:00 p.m.** by attaching one or more PDF files. Because some email systems prohibit sending or receiving large files, applicants may need to split files into multiple emails. Selections submitted after the closing date will not be considered. It is recommended that a separate email be sent with no attachments to request confirmation that the proposal was received.

3. For all matters concerning this RFP, the LBHA, CSA, or LAA should contact:

Steve Whitefield, MD  
Medical Director  
Behavioral Health Administration  
Email: [steven.whitefield@maryland.gov](mailto:steven.whitefield@maryland.gov)  
Phone: 240-328-7938

All provider questions should first be directed to the LBHA/CSA/LAA.

4. Anticipated Initial Service Term: One year with annual options to renew pending available funding, meeting performance measures, and achieving expected outcomes.

#### C. Award of Contract

The submission of a proposal does not, in any way, guarantee an award. MDH-BHA or jurisdictions are not responsible for any costs incurred related to the preparation of a proposal in response to this RFP. The LBHA/CSA/LAA will select the most qualified and responsive applicants through this RFP process.

#### D. Contract Requirements:

1. In order for the awardee to receive funds for subsequent years, 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
2. In the event that the contract is terminated, the awardee must work with the LBHA/CSA/LAA and BHA to develop and execute a transition plan.

#### E. Proposal Format:

Proposals are not to exceed ten (10), **single-spaced pages** using twelve (12) point Times New Roman font. **Proposals exceeding the 10-page limit will not be considered.** Two or more LBHA/CSA/LAAs can collaborate and take a regional approach for the provider RFP process alone, or for also meeting all of the jurisdictional monitoring requirements of the program. **Responses must be ordered and answered to match the evaluation criterion below.** The program budget and performance measures may be submitted as a separate attachment and will not count towards the 10-page limit. Please provide detailed information to address all the elements in the evaluation criteria.

**\*Note: Please do NOT complete this RFP if your organization is a Hospital, Hospital Affiliated Community Provider, Not Licensed by BHA, or Not in Good Standing with BHA and the State of Maryland.**

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

**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 predominately 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.

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**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 child care 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?

**G. Closing/Submission Date and Location**

Providers are to submit proposals directly to their respective LBHAs/CSAs/LAAs by **March 15, 2021 5:00 p.m.**

LBHAs/CSAs/LAAs are to submit their selected providers to BHA by email to [steven.whitefield@maryland.gov](mailto:steven.whitefield@maryland.gov) by **April 5, 2021 5:00 PM.**

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

Jurisdictions participating in the pilot and their contact person:

- ~Mid Shore, Katie Dilley, [kdilley@midshorebehavioralhealth.org](mailto:kdilley@midshorebehavioralhealth.org)
- ~Baltimore City, Steve Johnson, [steve.johnson@bhsbaltimore.org](mailto:steve.johnson@bhsbaltimore.org)
- ~Carroll County, Sue Doyle, [sue.doyle@maryland.gov](mailto:sue.doyle@maryland.gov)
- ~Baltimore County, Stephanie House, [shouse@baltimorecountymd.gov](mailto:shouse@baltimorecountymd.gov)
- ~Cecil County, Shelly Gulledge, [shelly.gulledge@maryland.gov](mailto:shelly.gulledge@maryland.gov)
- ~Anne Arundel County, Adrienne Mickler, [amickler@aamentalhealth.org](mailto:amickler@aamentalhealth.org)
- ~St. Mary's County, Tammy Loewe, [tammym.loewe@maryland.gov](mailto:tammym.loewe@maryland.gov)
- ~Prince George's County, O'Tilia Hunter, [OVHunter@co.pg.md.us](mailto:OVHunter@co.pg.md.us)