



Somerset County Health Department

8928 Sign Post Road, Suite 2, Westover, Maryland 21871

443.523.1700 • Fax 410.651.5680 • TDD 1-800-735-2258

Health Officer Danielle Weber, MS, RN

**SOMERSET COUNTY HEALTH DEPARTMENT
PURCHASING DIVISION
8928 SIGN POST ROAD, STE 2
WESTOVER, MARYLAND 21871**

REQUEST FOR PROPOSAL # 2026-002

**PROJECT: ADULT MENTAL HEALTH TARGETED
CASE MANAGEMENT SERVICES**

LOCATION: SOMERSET COUNTY, MARYLAND

Vendor Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Signature of Authorized Representative:

Proposal Submission Deadline:

**May 20, 2025
4:00 p.m. EST**

Submit To:

**Kimberly Mason,
Purchasing Agent
Somerset County Health Dept.
8928 Sign Post Road
Westover, MD 21871**

I. BACKGROUND AND OVERVIEW

Each Core Service Agency (CSA) or Local Behavioral Health Authority (LBHA) acting as the designee of the Maryland Department of Health (hereafter known as “the Department”), shall complete a competitive procurement for its respective jurisdiction. The *Somerset County Behavioral Health Authority* in fulfillment of its role as LBHA for *Somerset County*, is responsible for planning, managing, and monitoring of publicly funded mental health services at the local level. This responsibility includes the competitive selection at least once every five years of one or more qualified community mental health providers to render Targeted Case Management (TCM) for adults within the Fee-for-Service (FFS) Public Behavioral Health System (PBHS) in *Somerset County*.

This RFP, pursuant to the authority and requirements set forth in the Section 1915(b)(4) Waiver and in accordance with the applicable provisions of Targeted Case Management Medicaid State Plan Amendment (SPA), solicits applications to provide mental health TCM services for eligible adults with Serious Mental Illness (SMI) in *Somerset County* in full compliance with the Code of Maryland Regulations (COMAR) 10.09.45 or its successors. The Department has several changes under consideration with respect to the regulation, accreditation and oversight of community behavioral health providers. As such, the selected applicant(s) agrees to adhere to all existing and future regulatory requirements, directives, policies, and protocols pertaining to mental health case management issued by the Department or its designee.

Targeted Case Management for Adults is not a grant-funded service. Selected applicants through this procurement shall commit to delivering all levels of care specified in the Scope of Service to both adult Medicaid beneficiaries and uninsured eligible adults. Participating TCM providers, subject to the approval of the Department, shall be reimbursed through the Public Behavioral Health Systems (PBHS) Administrative Services Organization (ASO) for appropriately authorized and documented services to eligible adults in accordance with the tiered reimbursement schedule set forth in COMAR 10.21.25.09.

II. OFFEROR QUALIFICATIONS

Applicants must meet all of the following criteria to be eligible for consideration for selection as a mental health TCM provider for adults by means of this RFP:

- Be licensed and accredited under COMAR 10.63.03.04, 10.63.03.05, or 10.63.03.09, OR have three years of documented experience as a mental health case management provider by *July 1, 2025*.
- Be eligible for approval as a Mental Health Case Management provider pursuant to conditions set forth in COMAR 10.09.36.03 and any additional applicable provisions set forth in COMAR 10.09.45 regarding conditions for provider participation in Targeted Case Management.

- Have at least 3 years of experience providing mental health services to adults with serious mental illness (SMI), including serving high risk and vulnerable populations.
- Have a physical site location within the jurisdiction by July 1, 2025.
- Have knowledge of the needs of the target population outlined in this RFP and the community resources available in *Somerset County*.
- Demonstrate operational capacity to serve the entire geographical area of Somerset *County* so that eligible adults have timely and sufficient access to TCM services within and throughout *Somerset County*).

If the successful offeror is a new TCM provider for adults in *Somerset County*, the offeror shall collaborate with the CSA or LBHA and the incumbent adult mental health TCM provider to effectively and seamlessly transfer all consumers enrolled in TCM at the time of the transition to the offeror's program, unless the consumer declines the offer and a specific exemption is granted by the Behavioral Health Administration.

III. SCOPE OF WORK

Offerors must address all of the requirements in the Scope of Work in their response to this RFP.

A. Overview

The intent of the TCM service for adults is to improve the overall quality of life of eligible adults with SMI and to promote their long-term recovery. A primary focus of these services is to prevent homelessness and incarceration, to divert individuals from unnecessary inpatient emergency room use and institutional levels of care, wherever possible, and to increase community stability and tenure through referral to and engagement in behavioral health treatment and support services. TCM services for adults includes a comprehensive assessment to determine individual strengths and service needs; development of an individualized, person-centered plan of care with the individual and, with informed consent, his or her family and significant others; linkage to community resources including but not limited to housing; assistance in securing entitlements and benefits; linkage to behavioral and somatic health care; assistance in developing social support systems; monitoring of engagement in agreed upon services and supports; and advocacy on behalf of the individual.

For uninsured eligible adults, the TCM provider is expected to assist the individual to apply for Medicaid, as soon as clinically possible. For all TCM service recipients, the TCM provider shall facilitate access to all benefits and entitlements for which the individual may be eligible, including but not limited to Medical Assistance, Medicare, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Supplemental Nutrition Assistance Program (SNAP) and Temporary Cash Assistance

(TCA). Programs shall assist eligible adults to identify strengths, skills and resources to address their basic needs with the goal of transitioning the individual from TCM services to mental health treatment, rehabilitation, and ancillary services, while mobilizing natural support wherever possible.

B. Participant Eligibility:

Target Population

A recipient is eligible for mental health case management services if the recipient is in a federal eligibility category for, and is enrolled in, the Maryland Medical Assistance Program according to COMAR 10.09.24, OR meets uninsured eligibility criteria established by the Behavioral Health Administration for mental health case management services within the PBHS. The TCM provider for adults shall serve all adults desiring mental health case management services who meet the financial eligibility requirements and medical necessity criteria for TCM.

Services shall be provided to:

Adults who have a serious mental health disorder, diagnosed according to a current diagnostic and statistical manual of the American Psychiatric Association that is recognized by the Secretary, and who are:

- at risk of, or need continued community treatment to prevent inpatient psychiatric treatment;
- elderly individuals, age 65 or older, or young adults ages 18 through 21 who have been discharged from inpatient treatment in an Institution for Mental Disease (IMD);
- at risk of or need continued community treatment to prevent being homeless; OR
- at risk of incarceration or recently released from a detention center or prison.

The specific diagnostic criteria may be waived for the following two conditions:

1. An individual, committed as not criminally responsible, who is conditionally released from a Behavioral Health Administration facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland; or
2. An individual in a Behavioral Health Administration facility or a Behavioral Health Administration funded inpatient psychiatric hospital that requires community services. This excludes individuals eligible for Developmental Disabilities Administration's residential services.

C. Service Requirements:

Participants shall meet the above requirements and be classified according to the following levels of service based on medical necessity criteria established for each level of service:

Level I – General: A minimum of one (1) and a maximum of two (2) units of service per month and based on the severity of the participant’s mental illness, the participant must meet at least one of the following conditions:

- The participant is not linked to mental health and medical services;
- The participant lacks basic supports for shelter, food, and income;
- The participant is transitioning from one level of care to another level of care; or
- The participant needs case management services to maintain community-based treatment and services.

Level II – Intensive: A minimum of two (2) and a maximum of five (5) units of service per month and based on the severity of the participant’s mental illness, the participant must meet two or more of the following conditions:

- The participant is not linked to mental health and medical services;
- The participant lacks basic supports for shelter, food, and income;
- The participant is transitioning from one level of care to another level of care; or
- The participant needs case management services to maintain community-based treatment and services.

A home visit by the Community Support Specialist or Community Support Specialist Associate shall be provided for each participant at minimum every 90 days.

D. Service Reimbursement:

The unit of service is one day, with a minimum of one-hour per day of contact, which may include face-to-face contacts with a participant, and non-face-to-face contacts on behalf of the participant with nonparticipants, that are directly related to identifying the needs and supports for helping the individual to access needed services. Participants in Level I receive a minimum of 30 minutes of face-to-face contact monthly and a maximum of three (3) hours, and participants in Level II receive a minimum of one (1) hour of face-to-face contact monthly and a maximum of ten (10) hours. This includes all TCM activities except for the assessment, which uses a unit of service and is billed separately. Each participant shall be reassessed after the initial assessment at a minimum of once every six (6) months. The maximum service limit may be exceeded based on clinical review by the Department or the Administrative Services Organization (ASO).

For individuals who are transitioning to a community setting, mental health case management services may be made available for up to 30 consecutive days of the covered stay in the institution. This does not include adults between the ages of 22 and 64 who are served in Institutions for Mental Disease (IMD) or are adults who are inmates of public institutions.

The provider shall be reimbursed according to the requirements in this chapter and the

fees established under COMAR 10.21.25.

E. Service Definition:

In addition to the emphasis on securing needed benefits and entitlements, TCM services are provided to assist participants in gaining access to needed medical, mental health, social, educational, and other services. When TCM services have been appropriately authorized and documented, the following activities and interventions are reimbursable through TCM:

Please refer to COMAR 10.09.45.06 for a full description of each of these services.

1. Comprehensive Assessment and Periodic Reassessment;
2. Development and Periodic Revision of a Specific Care Plan;
3. Referrals and Related Activities;
4. Monitoring and Follow-up Activities; and
5. Participant Advocacy

F. General Program Requirements:

The participating case management program shall be enrolled as a Medicaid provider and meet all the conditions for provider participation as set forth in COMAR 10.09.36.03 and any additional applicable provisions set forth in COMAR 10.09.45 regarding conditions for provider participation in Targeted Case Management. In addition to the participation requirements, the provider shall ensure compliance with all the Medical Assistance provisions listed in COMAR 10.09.45 designated for Targeted Case Management services for adults and applicable to both adult Medicaid beneficiaries and uninsured eligible adults who meet Medical Necessity Criteria for Targeted Case Management

All covered services under this chapter shall be preauthorized. Before a participant receives case management services, the Behavioral Health Administration or the Administrative Services Organization (ASO) reviews the authorization request, determines if the participant meets medical necessity criteria, and if the participant meets the criteria, the participant is authorized for case management services. The ASO shall approve and monitor plans of care which designate the level of service to be delivered. Plans of care must be updated to correctly reflect the level of intensity in which the participant is currently enrolled. If it is determined that the provider is failing to provide adequate services as approved in the plan of care, the provider shall be subject to a corrective action plan to remediate the identified deficiencies

G. Specific Program Requirements:

The selected Targeted Case Management (TCM) provider for adults shall:

1. Place no restrictions on the qualified participant's right to elect to or decline to receive mental health case management services as authorized by the Department

- or the Department's designee, or to choose a Community Support Specialist or Associate as approved by the Department or the Department's designee.
2. Employ appropriately qualified individuals as Community Support Specialists and Community Support Specialist Associates with relevant work experience, including experience with the populations served by the program, including but not limited to adults with a serious mental health disorder.
 3. Assure that a participant's initial assessment shall be completed within 20 days after the participant has been authorized by the Department or the ASO and determined eligible for, and has elected to receive, mental health case management services. An initial Care Plan shall be completed within 10 days after completion of the initial assessment.
 4. Have formal written policies and procedures, approved by the Department, which specifically, address the provision of mental health case management services to participants in accordance with these requirements
 5. Be available to participants and, as appropriate, the participant's families for 24 hours a day, 7 days a week in order to refer participants to needed services and supports and in a psychiatric emergency, to refer to mental health treatment and evaluation services in order to prevent the participant from accessing a higher level of care.
 6. Respect the participants' rights to decline case management services and, as applicable, document the participant's decision to decline services in the participant's case management record.
 7. Designate specific qualified staff to provide mental health case management services that shall include at least one Community Support Specialist per agency and may include a Community Support Specialist Associate.
 8. Refrain from providing other services to participants which would be viewed by the Department as a conflict of interest.
 9. Be knowledgeable of the eligibility requirements and application procedures of federal, State, and local government assistance programs which are applicable to participants.
 10. Maintain information on current resources for mental health, medical, social, financial assistance, vocational, educational, housing, and other support services.
 11. Safeguard the confidentiality of the participant's records in accordance with State and federal laws and regulations governing confidentiality.
 12. Comply with the Department's fiscal reporting requirements and submit reports in the manner specified by the Department.
 13. Comply with the requirements for the delivery of mental health services outlined by the Department.

H. Required Staff

The mental health case management provider shall have staff that is sufficient in

numbers and qualifications to provide appropriate services to the participants served and shall include, at a minimum:

1. A Community Support Specialist Supervisor who:
 - a. Is a mental health professional who is licensed and legally authorized to practice under the Health Occupations Article, Annotated Code of Maryland, and who is licensed under Maryland Practice Boards in the profession of either Social Work, Professional Counseling, Psychology, Nursing, Occupational Therapy, or Medicine.
 - b. Has one year of experience in mental health working as a supervisor.
 - c. Provides clinical consultation and training to community support specialists or associates regarding serious mental illness.
 - d. Is employed or contracted to supervise case management services at a ratio of one supervisor to every eight community support specialists or associates.
2. A Community Support Specialist who has at least a:
 - a. Bachelor's degree in a mental health field and one year of mental health experience, including mental health peer support; or
 - b. Bachelor's degree in a field other than mental health and two years of mental health experience, including mental health peer support;
 - c. Is chosen as the case manager by the participant or the participant's legally authorized representative; and
 - d. Is employed by the mental health case management provider to provide case management services to participants.
3. A Community Support Specialist Associate who:
 - a. Has at least a high school diploma or the equivalent, and 2 years of experience with individuals with mental illness, including mental health peer support;
 - b. Is employed by the mental health case management provider to assist Community Support Specialists in the provision of mental health case management services to participants; and
 - c. Works under the supervision of a Community Support Specialist who delegates specific tasks to the Associate.

I. Case Record Requirements:

The successful offeror shall maintain a file for each participant which includes all the following:

1. An initial referral and intake form with identifying information, including, but not limited to, the individual's name and Medicaid identification number;

2. A written agreement for services signed by the participant or the participant's legally authorized representative and by the participant's community support specialist;
3. An assessment as specified in COMAR 10.09.45.06.
4. A Care Plan, updated at a minimum of every 6 months, which contains at a minimum:
 - a. A description of the participant's strengths and needs;
 - b. The diagnosis established as evidence of the participant's eligibility for services under this chapter;
 - c. The goals of case management services, with expected target dates;
 - d. The proposed intervention;
 - e. Designation of the community support specialist with primary responsibility for implementation of the Care Plan; and
 - f. Signatures of the community support specialist, participant, or the participant's legally authorized representative, and significant others, if appropriate.
5. An ongoing record of contacts made on the participant's behalf, which includes all the following:
 - a. Date and subject of contact;
 - b. Individual contacted;
 - c. Signature of community support specialist or community support specialist associate making the contact;
 - d. Nature, content, and unit or units of service provided;
 - e. Place of service;
 - f. Whether goals specified in the Care Plan have been achieved;
 - g. The timeline for obtaining needed services;
 - h. The timeline for reevaluation of the plan;
 - i. The need for and occurrences of coordination with other case managers; and
 - j. Monthly summary notes, which reflect progress made towards the participant's stated goals.

IV. QUALITY STANDARDS AND CONTRACT MONITORING:

A. Quality Standards

The CSA or LBHA and the Department are committed to ensuring that TCM services are of high quality and responsive to the needs of eligible adults with serious mental illness. Providers that do not meet the requirements as outlined in this RFP and in applicable COMAR shall be subject to a Corrective Action Plan, with additional follow-up monitoring by the CSA/LBHA to ensure that the requirements are being met. In the event that the TCM provider is unable or unwilling to meet the requirements as specified by

this RFP, the Department or the CSA/LBHA reserves the right to terminate the contract with the provider and re-issue a competitive solicitation for a replacement TCM provider.

B. Contract Monitoring

The CSA/LBHA and the Department shall engage in ongoing, periodic monitoring activities to evaluate the quality of service delivery and essential ingredients of the program. Activities shall include, but are not limited to the following:

1. A site visit at least annually to evaluate and document compliance with administrative and programmatic requirements, including but not limited to evidence in the medical record of a diversity of referral sources and relationships with relevant organizations for referral and linkage to care.
2. Review of administrative data reports and claims data to evaluate program effectiveness.
3. Review of policy and personnel records to ensure administrative compliance.
4. Participation in any provider meetings as required by the CSA/LBHA.
5. Collection and submission of programmatic data, as required by the CSA/LBHA.

Providers selected through this RFP shall be required to participate in all monitoring and evaluation activities.

V. LIMITATIONS:

A. A restriction may not be placed on a qualified service recipient's option to receive mental health case management services under TCM.

B. Mental health case management services do not restrict or otherwise affect:

1. Eligibility for Title XIX benefits or other available benefits or programs, unless the participant is receiving a comparable case management service under another program.
2. The freedom of a participant to select from all available services for which the participant is found to be eligible.

C. Mental health case management providers may not receive reimbursement for:

1. The direct delivery of an underlying medical, educational, social, or other service to which a participant has been referred;
2. Activities integral to the administration of foster care programs;
3. Activities not consistent with the definition of case management services under Section 6052 of the federal Deficit Reduction Act of 2005 (P.L. 109-171);
4. Activities to which third parties are liable to pay; or
5. Activities delivered as part of institutional discharge planning.

- D. Reimbursement may not be made for mental health case management services if the participant is receiving a comparable case management service under Medicaid or another authority.**
- E. A participant's case manager may not be the participant's family member or direct service provider for the participant.**

VI. MECHANISMS TO INTEGRATE WITH EXISTING SYSTEM

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

VII. DURATION OF OFFER

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

A. Timetable

The project will commence on or about July 1, 2025.

B. Cost of Proposal Preparation

Any costs incurred by offerors in preparing or submitting proposals are the sole responsibility of the offerors. The LBHA 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 by the issuing LBHA to review the proposals, findings, recommendations and other pertinent items during this procurement. If an organizational conflict arises such that the LBHA, because of other relationships with a prospective bidder or circumstances surrounding the bid submission of a prospective bidder, may be unable, or potentially unable, to render an impartial evaluation of a prospective bid or a determination of provider selection, the LBHA will immediately contact the Behavioral Health Administration, Director, Clinical Services Division (for Adults and Older Adults) at the following phone number: 410-402-8353 or the Assistant Director, Clinical Services Division (for Adults and

Older Adults) at the following phone number: 410-402-8476.

No LBHA staff member shall participate in any aspect of this procurement under such circumstances in which the local Health Department intends to submit a bid and the LBHA serves as an agent of the local Health Department. In such instances in which an organizational conflict exists, BHA will convene the selection committee, and the local Health Department LBHA, or other affiliated entity shall have no role in the review of proposals, findings, recommendations, and other pertinent issues attendant to the selection of a TCM provider for adults. BHA shall retain in such cases the exclusive right to procure and select the successful offeror. Final acceptance of the deliverables will be made by the CSA/LBHA, except wherein an organizational conflict exists as herein delineated.

VIII. 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 disclosed by LBHA 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, LBHA will follow the direction provided by its 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.

IX. TECHNICAL AND FINANCIAL PROPOSAL CRITERIA

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 technical 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. Proposal Instructions and Narrative Outline

The proposal should be a clear, concise narrative that describes the applicant's intent to serve the target population.

1. Organizational Background

- a) Describe the organization's history and experience providing similar mental health services to adults with serious mental illness. Submit relevant approval letters or licenses.
- b) Describe the organization's capacity to provide Targeted Case Management services for adults, including your ability to adhere to the requirements under COMAR 10.09.45 and to access reimbursement through the Public Behavioral Health System.

2. Description and Goals of the Mental Health Case Management Program

- a) Describe how you plan to implement the Scope of Service and demonstrate how the approach would fulfill the goals and objectives described in this RFP.
- b) Describe the location of the office where the Mental Health Case Management program will be housed and the hours of operation.
- c) Describe other behavioral health services provided by your organization as well as any relationships your organization has with other provider entities and the structure/process you will use to avoid conflicts of interest and inappropriate self-referrals.

3. Program's Organizational Structure and Staffing Plan

- a) Describe the staffing pattern you will use to deliver the proposed services, including the supervisory roles and educational background and experience of staff to be assigned to this project. Include an organizational chart.
- b) Describe your plan to ensure that qualified staff is available 24 hours per day, 7 days per week to address crises and to prevent disruptions of service.
- c) Describe your plan to ensure adequate and appropriate supervision of staff, particularly for staff who often work offsite.
- d) Describe the training plan for staff.

4. Effectively Serving the Target Population

- a) Describe how your organization will ensure that all eligible individuals referred will be accepted into Mental Health Case Management services.
- b) Describe the program's referral process, how it will be inclusive and flexible, and how the program will market the program to generate referrals
- c) Describe how the program will use assertive outreach strategies

to locate, engage, and enroll individuals viewed as challenging to serve.

d) Describe how your organization will ensure that services are delivered in a culturally and linguistically competent manner, responsive to the diverse communities served.

e) Describe how your organization will assess and work with individuals who have limited English proficiency, including the procedures in place to address service access for these individuals.

5. Program Evaluation and Quality Assurance

a) Describe the program's anticipated outcomes and how you will track and monitor these outcomes.

b) Describe the quality assurance process of the organization or program (e.g., client satisfaction surveys, program evaluation, etc.).

c) Describe the data this program will collect, including how it will be collected, who will be responsible for collecting, analyzing, and storing the data.

6. Implementation Timeline

Provide a timeline to establish and execute Mental Health Case Management services.

7. Appendices:

Appendix 1 – Current or most recent state approval letters or licenses that document experience providing mental health services in Maryland under COMAR 10.63.03.04 (Mobile Treatment Services), 10.63.03.05 (Outpatient Mental Health Center), or 10.63.03.09 (Psychiatric Rehabilitation Program) or 10.09.45 (Mental Health Case Management), including the most recent accreditation, licensure, and compliance site visit report, statement of deficiencies, and corrective action plan, as applicable.

Appendix 2 – Organizational chart

Appendix 3 – Include two letters of support that demonstrate strong collaboration effort

X. SELECTION AND CONTRACT REQUIREMENTS

The LBHA or its designee shall select the most qualified and responsive applicant through this RFP. The selected offeror will be required to enter into a contractual agreement with the LBHA to serve as the mental health TCM provider for adults in Somerset County. Only those providers selected through this process will be permitted to

serve as mental health TCM providers for adults for Somerset County.

A sample contract packet is available at LBHA for your reference and review. The contents of this RFP and the proposal of the successful offeror will be incorporated by reference into the resulting agreement. The LBHA 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.

Selected offerors will also be required to receive and maintain approval from the Behavioral Health Administration (BHA). Upon receiving notification of award, providers selected through this RFP process shall contact the BHA Clinical Services Division for Adults and Older Adults for instructions as to the process to apply for the National Provider Identifier (NPI) and the Medical Assistance provider number and to enroll with the Administrative Services Organization (ASO) as a Targeted Case Management (TCM) for Adults provider.

XI. APPLICATION - REQUIRED COMPONENTS

Application proposals must contain the following information to be considered:

- A. Include any/all items discussed in previous sections.
- B. Qualifications content..
- C. Provide a profile letter that describes in detail how services will be provided, monitored and reported addressing each task identified in performance requirements. Detailed capacity to fulfill our needs and serve our clients and a described policy for ensuring client satisfaction with services provided.
- D. Submit qualifications, relevant experience and training pertinent to the position along with their resume.
- E. Provide three references relating to the provision of similar work. Include organization's or clients name, contact length, scope of services provided and telephone number of a responsible contact person.
- F. Completed and signed cover sheet.

XII. TIMELINE

RFP release date:	March 25, 2025
Pre-proposal meeting date:	April 03, 2025 @ 1:00 PM

Pre-proposal registration required (see *Attachment II*)

Join by computer: meet.google.com/fru-fzmg-bgv

Join by phone: [\(US\) +1 401-239-3436](tel:+14012393436) PIN: [128295480](tel:+128295480)

Proposal deadline:	May 20, 2025
Tentative award date:	June 01, 2025

XIII. SUBMISSION OF PROPOSAL

One proposal packet bearing original signature in **blue ink** and four copies are to be submitted in a sealed envelope.

ON THE ENVELOPE CLEARLY IDENTIFY:

“ADULT MENTAL HEALTH TARGETED CASE MANAGEMENT SERVICES”

Each proposal must include the items discussed on the previous page:

- Completed proposal form.
- Completed and signed cover sheet. *Attachment I*
- Completed and signed pre-proposal conference response form. *Attachment II*

XIV. DELIVERY OF PROPOSAL

The deadline for submission of proposals is **by 4:00 p.m. on May 20, 2025.**

Proposals should be mailed or hand delivered to Kimberly Mason at the Somerset County Health Department at 8928 Sign Post Road, Suite 2, Westover, MD 21871 prior to the stated deadline. **PROPOSAL RECEIVED AFTER THAT TIME WILL BE RETURNED UNOPENED.** It is the full responsibility of the contractor to ensure the proposal is received on time. No telegraphic or facsimile proposals will be accepted. The Somerset County Health Department is not responsible for failure of a public carrier to promptly deliver proposal documents.

XV. ADDITIONAL INSTRUCTIONS TO CONTRACTOR

Right to Reject:

The Somerset County Health Department reserves the right to reject any and/or all proposals or waive any technicality it deems in the Agency's best interest.

Maryland Law Prevails:

The provisions of this contract shall be governed by the laws of the state of Maryland.

Evaluation:

Each proposal will be evaluated utilizing the criteria outlined in the application packet.

Solicitation Information:

Issuing Officer: Danielle Weber, Health Officer

Grant Project Coordinator/Monitor: Shannon Frey

Questions:

Contact Shannon Frey at Somerset County Health Department at 443-523-1700 or
Shannon.Frey@maryland.gov

COVER SHEET

(Please complete this page and submit with proposal)

Name of Organization	
Name of Project Director	
Mailing Address	
Physical Address (if different from above)	
Phone	
Email	
Federal Tax ID Number	
Title of Proposed Project	
Amount Requested	
How did your organization become aware of this RFP?	

Certification

I certify that all the information provided in this application is correct and accurate to the best of my knowledge.

Name and Title	
Signature	
Date	

Attachment II: Pre-Proposal Conference Response Form

Solicitation (RFP) Title: “Adult Mental Health Targeted Case Management Services”

Solicitation (RFP) Number: # 2026-002

A web based; remote pre-proposal conference will be held on **April 03, 2025**.

Please return this form by **4:00 pm** on **April 01, 2025**, advising whether or not your firm/company plans to remotely attend. The completed form should be returned via e-mail to the contact information below:

Somerset County Health Department
Kimberly Mason Administrative Officer II
E-mail: kimberlymason@maryland.gov

Please indicate:

<input type="checkbox"/> Yes, the following representatives will remotely attend/participate.
Attendees Name and E-mail address:
1. <input type="text"/>
2. <input type="text"/>
3. <input type="text"/>
<input type="checkbox"/> No, we will not attend/participate.

Participation in the Pre-Proposal Conference requires pre-registration as described in section VI. Timeline in RFP.

Attachment II: Pre-registered persons will be given access information for interactive involvement (to either view/monitor, ask real-time questions, or make comments/suggestions) in the Conference.

Potential Offeror:

Potential Offeror Name, Title and Firm/Company (please print or type)