



Jack B. Johnson
County Executive

THE PRINCE GEORGE'S COUNTY GOVERNMENT DEPARTMENT OF FAMILY SERVICES

February 22, 2008

Dear Prospective Candidate:

The Prince George's County Department of Family Services seeks **Expressions of Interest to provide targeted case management services** to the following priority populations:

- Adults with a serious mental illness who are at risk of going into, or will be released from, an inpatient hospital stay; homeless or in Shelter Plus Care; residing in independent housing and need of services to retain their housing; or being released from a detention center.
- Children and adolescents with serious emotional disturbances who are in or at risk of inpatient psychiatric treatment, treatment in a Residential Treatment Center (RTC) or an out of home placement due to multiple life stressors

Priority for services will be given to those persons in the targeted populations who

- Are not linked to mental health services
- Lack basic supports for shelter, food and income, or
- Are transitioning from one level of care to another
- Released from the Department of Corrections

The Department of Family services wants to ensure that mental health consumers in this program are connected to services. It is expected that selected applicant will provide a minimum of two months of face-to-face contacts, including at least one visit to the client's home. Please note the attached COMAR regulations. Additionally, it is expected that applicant will document case data in MAPS APSCareConnection.

Only providers approved by the Mental Health Administration (MHA) under COMAR 10.09.45 Mental Health Case Management, are eligible to submit a bid.

The Department of Family Services will provide \$163,636 for the cost of case management services to 60 unduplicated consumers under this bid. Selected applicant will maintain an active caseload of 40 consumers, and caseload ratio of 1:25. Program must be up and running by July 1, 2008.

Expressions of Interest must be submitted on standard 8 1/2 x 11 white paper, double-spaced, one-sided, with 1" margins. **Total length of Expressions of Interest shall not exceed 7 pages excluding budget and attachments.**

**Harriet Hunter Building
6420 Allentown Road Camp Springs, MD 20748**

The following information should be provided in the Project Narrative, not to exceed 5 pages:

- Needs Statement – describe demographics and need of population to be served
- Organizational Capacity – describe experience and capacity to provide services
- Project Description – describe when, where and how services will be provided; proposed staffing consistent with COMAR regulations
- Performance Measures – develop performance measures around the connection of clients to services, i.e. housing, medication support, public entitlements, etc, that will keep clients off the streets, out of jail and out of the hospital.

The following information should be included in the Evaluation Plan, not to exceed 2 pages:

- Evaluation Plan – describe what data is to be collected, how it will be collected and who will be responsible for collecting and analyzing data
- Capacity to enter data into MAPS APSCareConnection
- Timeline

Please include the following:

- Projected Budget
- Staff resumes

Submit Expressions of Interest to Ms. Carol-Lynn Snowden at the Department of Family Services, 6420 Allentown Road, Camp Springs, MD 20748. Expressions of Interest may also be submitted electronically at clsnowden@co.pg.md.us. Expressions of Interest must be submitted no later than March 31, 2008.

10.09.45.00

**Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 09 MEDICAL CARE PROGRAMS
Chapter 45 Mental Health Case Management**

**Authority: Health-General Article, §§2-104(b), 15-103, and 15-105, Annotated
Code of Maryland**

10.09.45.01

.01 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

- (1) "Administration" means the Mental Hygiene Administration.
- (2) "Case management" means services which assist participants in gaining access to the full range of mental health services, as well as to any additional needed medical, social, financial assistance, counseling, educational, housing, and other support services.
- (3) "Case manager" means a community support specialist.
- (4) "Community support specialist" means an individual who:
 - (a) Is employed by a lead agency to provide case management services to participants;
 - (b) Is chosen as the case manager by the participant or the participant's legally authorized representative; and
 - (c) Has at least a:
 - (i) Master's degree in a mental health field,
 - (ii) Bachelor's degree in a mental health field and 1 year of mental health experience,
 - (iii) Master's degree in a field other than mental health and 1 year of mental health experience, or
 - (iv) Bachelor's degree in a field other than mental health and 2 years of mental health experience.
- (5) "Community support specialist associate" means an individual who:
 - (a) Is employed by a lead agency to assist community support specialists in the provision of mental health case management services to participants;
 - (b) Works under the supervision of a community support specialist who delegates specific tasks to the associate; and
 - (c) Has at least:
 - (i) An associate of arts degree in a mental health field, or
 - (ii) A high school degree or the equivalent, and 2 years of experience dealing with individuals with mental illness.

- (6) "Community support specialist director" means an individual who:
- (a) Directs and supervises a case management unit of a lead agency;
 - (b) Is a mental health professional, as defined in COMAR 10.21.17; and
 - (c) Demonstrates a knowledge of the nature of serious mental illness and the system of mental health services available.
- (7) "Core service agency (CSA)" has the meaning stated in COMAR 10.21.17.
- (8) "Department" has the meaning stated in COMAR 10.09.36.01.
- (9) "Lead agency" means an agency that has a written agreement with the appropriate CSA or, in the absence of a CSA, with the Mental Hygiene Administration to provide mental health case management services for a defined service area.
- (10) "Medical Assistance Program" has the meaning stated in COMAR 10.09.36.01.
- (10-1) "Medically necessary" has the meaning stated in COMAR 10.09.36.01.
- (11) "Mental health case management services" means the case management services covered under this chapter.
- (12) "Mental health professional" has the meaning stated in COMAR 10.21.17.
- (13) "Mental health services" means those services described in COMAR 10.09.70.10C rendered to treat an individual for a diagnosis set forth in COMAR 10.09.70.10A.
- (14) "Mental Hygiene Administration" means the Department's administration which is charged with the responsibility for providing services to mentally ill individuals as defined by Health-General Article, Title 10, Annotated Code of Maryland.
- (15) "Participant" means an individual with a serious and persistent mental disorder or a child or adolescent with a serious emotional disturbance, who meets the qualifications for participation in mental health case management that are specified in Regulation .02 of this chapter.
- (16) Priority Population.
- (a) "Priority population" means those children, adolescents, and adults for whom, because of the seriousness of their mental illness, extent of functional disability, and financial need, the Department has declared priority for publicly funded services.
 - (b) "Priority population" includes:
 - (i) A child or adolescent with a serious emotional disturbance, as defined in §B(22) of this regulation;
 - (ii) An adult with a serious and persistent mental disorder, as defined in §B(23) of this regulation; and
 - (iii) An individual committed as not criminally responsible who is conditionally released from a Mental Hygiene Administration facility, according to the provisions of Health-General Article, Title 12, Annotated Code of Maryland.
- (17) "Program" has the meaning stated in COMAR 10.09.36.01.
- (18) "Provider" means the mental health case management services provider.

- (19) "Provider agreement" means a contract between the provider and the Department.
- (20) "Recipient" has the meaning stated in COMAR 10.09.36.01.
- (21) "Serious emotional disturbance" means a condition that is:
- (a) Manifest in an individual younger than 18 years old;
 - (b) Diagnosed according to a current diagnostic manual that is recognized by the Secretary; and
 - (c) Characterized by a functional impairment that substantially interferes with or limits the child's role or functioning in the family, school, or community activities.
- (22) "Serious and persistent mental disorder" means a disorder that is:
- (a) Manifest in an individual 18 years old or older;
 - (b) Diagnosed, according to a current diagnostic and statistical manual of the American Psychiatric Association that is recognized by the Secretary as:
 - (i) Schizophrenic disorder,
 - (ii) Major affective disorder,
 - (iii) Other psychotic disorder, or
 - (iv) Borderline or schizotypal personality disorders, with the exclusion of an abnormality that is manifested only by repeated criminal or otherwise antisocial conduct; and
 - (c) Characterized by impaired role functioning, on a continuing or intermittent basis, for at least 2 years, including at least three of the following:
 - (i) Inability to maintain independent employment,
 - (ii) Social behavior that results in intervention by the mental health system,
 - (iii) Inability, due to cognitive disorganization, to procure financial assistance to support living in the community,
 - (iv) Severe inability to establish or maintain a personal social support system, or
 - (v) Need for assistance with basic living skills.
- (23) "Service plan" means the plan of care developed for a participant.

10.09.45.02

.02 Participant Eligibility.

A recipient is eligible for mental health case management services if the recipient:

- A. Is in a federal eligibility category for Maryland Medical Assistance according to COMAR 10.09.24;
- B. Elects, or has a legally authorized representative elect in the participant's behalf, to receive the services covered under this chapter;
- C. Is a member of the Administration's priority population; and
- D. Meets at the time of the initial eligibility determination at least:
 - (1) For adults:

(a) One of the following criteria:

(i) Is leaving a residential rehabilitation program (RRP),

(ii) Has had at least ten psychiatric hospitalizations within the past 2 years,

(iii) Is 18 to 21 years old and leaving a residential treatment center (RTC), a State hospital, or an out-of-State placement, and needs assistance with transition to the adult mental health service sector,

(iv) Is currently hospitalized, or

(v) Is a homeless individual or an individual whose basic human needs are not being met or are being met inappropriately; or

(b) Two of the following criteria:

(i) Has had at least two incarcerations at a jail on criminal charges within the past 2 years or is on parole or probation,

(ii) Has had four to nine psychiatric hospitalizations within the past 2 years,

(iii) Has had at least three psychiatric crises for which emergency care has been accessed within the past year,

(iv) Is determined by the Administration to be vulnerable and at risk of harm to self or others,

(v) Has multiple physical or mental disabilities as well as needs not being met by a coordinated system of care, or

(vi) Is in danger of losing the current place of residence; or

(2) For children or adolescents, one of the following criteria:

(a) Is at risk for needing a higher level of care if necessary services are not delivered;

(b) Requires intensive assertive assistance to access necessary mental health services; and

(c) Meets at least one of the following additional criteria:

(i) Has been presented for repeat psychiatric hospital admissions within 30 days,

(ii) Has been redirected from an emergency room to a less intensive level of care more than once in a 3-month period,

(iii) Has had two or more psychiatric hospital admissions within the past 6 months,

(iv) Has had inpatient psychiatric admission totaling 60 days within the past 2 years,

(v) Has minimal support systems and is in danger of out-of-home placement,

(vi) Has multiple diagnoses, such as mental health-substance abuse, mental health-medical, or mental health-mental retardation, or is a complex clinical case, or

(vii) Is being discharged from psychiatric inpatient admission or supervised residential setting.

.03 Conditions for Participation.

A. General requirements for participation in the Program are that a provider shall meet all the conditions for participation as set forth in COMAR 10.09.36.03.

B. Specific requirements for participation in the Program as a mental health case management services provider include all of the following:

(1) Place no restrictions on the qualified recipient's right to elect to:

(a) Receive mental health case management as authorized by the Department or the Department's designee; and

(b) Choose a community support specialist, as approved by the Department or the Department's designee, and other service providers;

(2) Employ appropriately qualified individuals as community support specialists, community support specialist associates, and community support specialist directors with relevant work experience, including experience with the populations served by the program, including but not limited to:

(a) Adults with serious and persistent mental disorder,

(b) Children and adolescents with serious emotional disturbance, and

(c) Elderly individuals with a mental disorder;

(3) Require that each community support specialist, community support specialist associate, and community support specialist director, within the employee's first year of employment, satisfactorily complete a State-approved training program for community support specialists, or the program's equivalent as approved by the Administration;

(4) Assure that:

(a) A participant's initial assessment is completed within 45 days after the recipient has been determined eligible for, and has elected to receive, mental health case management services, with extensions given as necessary for documented, client-related extenuating circumstances; and

(b) An initial service plan is completed within 10 days after completion of the initial assessment;

(5) Maintain a file for each participant which includes all of the following:

(a) An initial referral and intake form with identifying information;

(b) A written agreement for services signed by the participant or the participant's legally authorized representative and by the participant's community support specialist;

(c) An assessment, documented according to the Administration's requirements;

(d) A service plan, updated at a minimum of every 180 days, which contains at a minimum:

(i) A description of the participant's strengths and needs,

- (ii) The diagnosis established as evidence of the participant's eligibility for services under this chapter,
- (iii) The goals of community support services, with expected target dates,
- (iv) The proposed intervention,
- (v) Designation of the community support specialist with primary responsibility for implementation of the service plan, and
- (vi) Signatures of the community support specialist, participant or the participant's legally authorized representative, and significant others if appropriate;
- (e) An ongoing record of contacts made in the participant's behalf, which includes all of the following:
 - (i) Date and subject of contact,
 - (ii) Individual contacted,
 - (iii) Individual making the contact,
 - (iv) Nature, content, and unit or units of service provided, and
 - (v) Place of service;
- (f) Monthly summary notes, which reflect progress made towards the participant's stated goals;
- (6) Require that another community support specialist or supervisor of the participant's community support specialist review the participant's service plan and the participant's progress, when the service plan is initially developed and when it is updated;
- (7) Have formal written policies and procedures, approved by the Department, which specifically address the provision of mental health case management services to participants or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, in accordance with the requirements of this chapter;
- (8) Be available to participants and, as appropriate, their families or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, for 24 hours a day, 7 days a week;
- (9) Designate specific qualified staff to provide mental health case management services that shall include at least one community support specialist and also may include community support specialist directors and community support specialist associates;
- (10) Refrain from providing other services to participants which would be viewed by the Department as a conflict of interest;
- (11) Be knowledgeable of the eligibility requirements and application procedures of federal, State, and local government assistance programs which are applicable to participants;
- (12) Maintain a current listing of mental health, medical, social, financial assistance, vocational, educational, housing, and other support services available to seriously mentally ill adults with a serious and persistent mental disorder and children or adolescents with a serious emotional disturbance;

(13) Safeguard the confidentiality of the participant's records in accordance with State and federal laws and regulations governing confidentiality;

(14) Comply with the Department's fiscal reporting requirements and submit reports in the manner specified by the Department; and

(15) Comply with the requirements for the delivery of mental health services outlined in COMAR 10.09.70.

10.09.45.04

.04 Covered Services.

A. The Program shall reimburse for the services in §§B and C of this regulation under mental health case management when these services have been documented, pursuant to the requirements in this chapter, as necessary.

B. Assessment and Reassessment.

(1) Assessment or reassessment involves the collection and integration of information concerning a participant's social, familial, cultural, medical, developmental, legal, vocational, psychiatric, and economic status to assist in the formulation of a service plan.

(2) The assessment or reassessment of the participant's status and service needs is conducted by the community support specialist and incorporates input from the participant, family members and friends of the participant, as appropriate, or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, and community service providers.

(3) A home visit by the community support specialist or community support specialist associate is required.

(4) After an initial assessment, each participant shall be reassessed annually.

(5) A unit of service is defined as a completed assessment or reassessment.

C. Ongoing Case Management.

(1) Ongoing case management is the monthly provision of services. It may occur in conjunction with the assessment or reassessment.

(2) Definition. "Unit of service" means at least two monthly face-to-face contacts by the community support specialist or the community support specialist associate with the participant or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, including at least one visit to the participant's home or another suitable site for a homeless participant every 90 days, as well as the provision of all other necessary covered services.

(3) Services include the provisions set forth in §C(4)—(7) of this regulation.

(4) Planning.

(a) After the initial assessment is completed, a service plan shall be developed. Every 180 days after that, the service plan shall be updated in conjunction with the participant's schedule for

reassessments, to ensure that all services being provided remain medically necessary. The participant, a legal guardian, the participant's family, and any significant others, with the participant's consent, or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian's consent, shall participate with the community support specialist, to the extent practicable, in the development and regular updating of the participant's service plan.

(b) The planning process is intended to promote consistent, coordinated, and timely service provision.

(c) Planning may include, as necessary and appropriate:

(i) The case conference, which brings together service providers, family members, other interested persons, as appropriate, and the participant as indicated, for the purpose of establishing, coordinating, revising, and reviewing service delivery;

(ii) Service planning for the development and periodic updating of the written, individualized service plan based on the participant's needs and stated goals;

(iii) Transitional care planning that involves contact with the participant or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, or the staff of a referring or an accepting service provider, to plan for continuity of care as the services delivered change; and

(iv) Planning that prepares a participant for discharge from mental health case management services, when appropriate.

(5) Linkage of the Participant with Services.

(a) The community support specialist shall assure that the participant or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, has applied for, has access to, and is receiving the most appropriate services available to meet the participant's needs, such as mental health services, resource procurement, transportation, or crisis intervention. The community support specialist shall take the necessary action when this has not occurred.

(b) Included in the linkage process are:

(i) Community support development by contacting members of the participant's support network, for example, family, friends, and neighbors, as appropriate, or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, to mobilize assistance for the participant;

(ii) Crisis intervention by linkage of the participant or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, with services on an emergency basis when immediate intervention is necessary;

(iii) Arranging for the participant's transportation to and from services;

(iv) Outreach in an attempt to locate service providers which can meet the participant's needs or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian's needs for the child or adolescent; and

(v) Explaining the service plan to the participant and to the participant's family and friends, as appropriate, or, if the participant is a child or adolescent, to the child's or adolescent's parent or guardian, so as to enable and facilitate their participation in the plan's implementation.

(6) Monitoring of Service Provision.

(a) The community support specialist shall engage in ongoing interaction with the participant, the participant's family and friends as appropriate or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, and service providers.

(b) The community support specialist shall follow up after service linkage and then monitor service provision on an ongoing basis, to ensure that the agreed-upon services are provided, are adequate in quantity and quality, and meet the participant's needs and stated goals or, if the participant is a child or adolescent, the parent's or guardian's needs and stated goals for the participant.

(c) The service plan may be revised to reflect changing needs identified from the service monitoring.

(7) Advocacy. The community support specialist shall:

(a) Attempt to empower the participant or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, to secure needed services;

(b) Take any necessary actions to secure services in the participant's behalf; and

(c) Encourage and facilitate the participant's decision making and follow-through on choices leading to accomplishment of the participant's goals or, if the participant is a child or adolescent, encourage the parent or guardian to carry out these decisions.

10.09.45.05

.05 Limitations.

A. Mental health case management services are advisory in nature.

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

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

(1) Eligibility for Title XIX benefits or other available benefits or programs, except as limited by §E of this regulation;

(2) The freedom of a participant or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian, to select from all available services for which the participant is found to be eligible; or

(3) A participant's free choice among qualified providers or, if the participant is a child or adolescent, the child's or adolescent's parent or guardian's free choice among qualified providers.

D. Mental health case management services may not be:

- (1) Provided as an integral and inseparable part of another covered Program service;
 - (2) Provided as an administrative function necessary for the proper and efficient operation of the State's Medical Assistance Plan;
 - (3) Rendered in connection with the implementation of the Social Security Act, §1915(b) or (c); or
 - (4) Delivered as part of institutional discharge planning.
- E. Reimbursement may not be made for mental health case management services, if the participant is receiving a comparable case management service under another Program authority.
- F. A participant's case manager may not be the participant's family member or a direct service provider for the participant.

10.09.45.05-1

.05-1 Preauthorization.

All covered services under this chapter shall be preauthorized and comply with the requirements of COMAR 10.09.70.07.

10.09.45.06

.06 Payment Procedures.

- A. The Program shall reimburse the provider according to the requirements in this chapter and the fees established under COMAR 10.21.25.
- B. Request for Payment.
- (1) Requests for payment of mental health case management services shall be submitted by an approved provider according to procedures established by the Department. The Department reserves the right to return to the provider, before payment, all invoices not properly signed and completed.
 - (2) A provider shall submit a request for payment on the invoice form designated by the Department. A separate invoice shall be submitted for each participant. The completed form shall indicate the:
 - (a) Date or dates of service;
 - (b) Participant's name and Medical Assistance number;
 - (c) Provider's name, location, and provider number; and
 - (d) Nature, unit or units, and procedure code or codes of covered services provided.
 - (3) A provider shall bill the Program for the appropriate fee or fees specified in COMAR 10.21.25.
 - (4) The Program may not make direct payment to recipients.
- C. Billing time limitations for services covered under this chapter are the same as those set forth in COMAR 10.09.36.06.
- D. Payment shall be made:

- (1) Only to a qualified provider for covered services rendered to a participant, as specified in these regulations; and
- (2) According to the requirements of this chapter and the fees established in COMAR 10.21.25.

10.09.45.07

.07 Recovery and Reimbursement.

Recovery and reimbursement is as set forth in COMAR 10.09.36.07.

10.09.45.08

.08 Cause for Suspension or Removal and Imposition of Sanctions.

Cause for suspension or removal and imposition of sanctions is as set forth in COMAR 10.09.36.08.

10.09.45.09

.09 Appeal Procedures.

Appeal procedures are those set forth in COMAR 10.09.36.09.

10.09.45.10

.10 Interpretive Regulation.

State regulations are interpreted as those set forth in COMAR 10.09.36.10.

10.09.45.9999

Administrative History

Effective date: January 20, 1992 (19:1 Md. R. 32)

Regulations .01—.06 amended as an emergency provision effective July 1, 1992 (19:15 Md. R. 1383); amended permanently effective October 26, 1992 (19:21 Md. R. 1891)

Regulations .01B and .02B amended as an emergency provision effective June 1, 1993 (20:12 Md. R. 995); adopted permanently effective September 1, 1993 (20:17 Md. R. 1346)

Regulations .01 and .02 amended as an emergency provision effective February 8, 1995 (22:5 Md. R. 365); emergency status expired May 31, 1995; amended permanently effective June 5, 1995 (22:11 Md. R. 821)

Regulations .01—.06 amended as an emergency provision effective July 1, 1997 (24:18 Md. R. 1288); amended permanently effective December 29, 1997 (24:26 Md. R. 1758)

Regulation .01B amended effective August 27, 2007 (34:17 Md. R. 1507)

Regulation .04A, C amended effective August 27, 2007 (34:17 Md. R. 1507)

Regulation .05-1 adopted as an emergency provision effective July 1, 1997 (24:18 Md. R. 1288); amended permanently effective December 29, 1997 (24:26 Md. R. 1758)