

**Prince George's County
Health Department
Division of Addictions and Mental Health**

Request for Applications FY 12-02

**Clinically Managed Medium Intensity Residential Treatment (ASAM 3.3)
AND
Clinically Managed Low Intensity Residential Treatment (ASAM 3.1)**

I. Purpose of Request for Applications

The Division of Addictions and Mental Health, hereafter referred to as the Division, is the unit within the Prince George's County Health Department responsible for the planning, provision, coordination, contracting, and monitoring of publicly funded alcohol, tobacco and other drug prevention and treatment services. To fulfill this role, the Division develops and releases Requests for Applications (RFA) and awards contracts for the provision of specific prevention and treatment services. This RFA solicits applications to provide specific residential addiction treatment to adult County residents. This solicitation includes residential treatment services at the Clinically Managed Medium Intensity Residential Treatment level (3.3) and the Clinically Managed Low Intensity Residential Treatment level (3.1) according to the criteria of the American Society of Addictive Medicine (ASAM). For the purpose of this RFA, the numeric ASAM level of care will be used to designate the service.

This RFA will award contract offers to successful applicants who meet the criteria herein. It is anticipated that contracts will initially cover the last six (6) months of the current fiscal year and will begin January 1, 2012. The Division will hold the right to exercise two (2) additional one year renewal options subject to continued funding and provider performance.

II. Background and Level of Anticipated Service Required

The solicited levels of care generally represent residential care of longer than thirty (30) days. They exist along a continuum of intensity and duration with 3.3 services shorter but significantly more intense than 3.1 services, especially in the introductory phase. Clients receiving 3.3 services often suffer from temporary or permanent cognitive impairment which can require repetition and time to integrate and apply treatment information. These deficits often impact relationships and emotional health. Clients without the acute detoxification or biomedical requirements of an Intermediate Care Facility often do well in this environment. While the services tend to be less intense than an ASAM 3.7 level program, it can be tailored to approach this intensity in the introductory phases and serve as a continuum from Intermediate Care. Clients receiving 3.3 level services often suffer from chronic co-occurring mental health disorders and prognosis for successful treatment intervention is often based on their prompt recognition, diagnosis and treatment.

Clients receiving 3.1 services have mostly achieved cognitive stability but have not begun to master other elements required to fully reintegrate. Clients appropriate at this level are often classified in early stages of readiness to change and require more time and structure. A significant placement factor at this level is a client's recovery environment. The structure of a 3.1 program is conducive to practicing living and interactive skills while sustaining recovery in a supportive environment. Treatment is directed toward applying recovery skills, promoting personal responsibility, preventing relapse, and improving emotional functioning. Clients are reintegrated into society and family life as they seek and find work while sharpening other life skills.

Transportation, family participation, follow-up care at lower levels within the County, and assimilation back into work and community life are key elements to sustained recovery. Therefore, due to logistical and clinical considerations, the Division is only soliciting providers whose services are within a twenty-five (25) mile radius of Prince George's County at the nearest border. This requirement excludes most providers north and west of Baltimore City, as well as providers on the Eastern Shore.

In the most recently completed fiscal year ending June 30, 2011, approximately eighty-five (85) clients were admitted to Level 3.3 services and fifty (50) to Level 3.1 services. It is anticipated that roughly the same utilization will be required for the current year.

Clients will be referred to selected providers from a variety of different sources, but primarily through the Division's clinics located in Clinton, Capitol Heights, and Cheverly. On occasion, clients will also be referred from hospitals, detoxification and intermediate care facilities, and social service or mental health treatment organizations. All referrals for treatment will be pre-authorized by the Division.

Selected providers will work closely with Division clinics to craft a discharge plan for continuing care. Intensive Outpatient (ASAM 2.1) and Outpatient Treatment (ASAM 1.0) services are available through the Division. Providers will be required to participate actively as a portal program in the Alcohol and Drug Abuse (ADAA) Access to Recovery initiative. Providers will apply for assorted recovery services on the behalf of eligible clients and facilitate transition to a care coordinator.

III. Division of Addictions and Mental Health Treatment Philosophy

The Division is seeking applicant(s) that can effectively deliver client centered and diverse evidence based treatment options consistent with Recovery Oriented Systems of Care (ROSC). Applicants are to deliver an integrated model of care that offers diversity in terms of treatment options and lengths of stay. Focus is placed on the degree of truly individualized treatment and consumer participation available from the initial comprehensive clinical and medical assessment, treatment plan development, milieu of treatment services, diversity in curriculum and lengths of stay, and discharge options for continuing care. A client centered approach maximizes efforts to engage, understand, motivate and treat each client as a unique and separate individual.

IV. **Minority Business Enterprise Program**

Prince George’s County encourages participation in the Minority Business Enterprise Program. Organizations registered as “Non-Profit” are not included in this designation, but are allowed to participate in the bidding process. Programs designated as an MBE program receive a bonus in terms of the bidding process. Businesses do not have to be based in the County, but must meet all of the criteria for approval. Following is information relative to this process.

QUALIFICATION:

Businesses that are at least 51% owned and controlled by minority individuals belonging to the following groups: African Americans (Black Americans); Hispanic Americans; Asian Americans; and Females qualify for the MBE Program.

The MBE Program in Prince George’s County ***requires*** certification with either the Maryland Department of Transportation (**MDOT**), the Washington Metropolitan Area Transit Authority (**WMATA**) or the Maryland-District of Columbia Minority Supplier Development Council, (**MD-DC/MSDC**) and the completion of the ***Vendor/MBE online Registration*** listed on the County’s website:

Electronic filing: www.princegeorgescountymd.gov

Government Links- Vendor/MBE online Registration

A. Complete a **Minority Business Enterprise/Disadvantage Business Enterprise** (MBE/DBE) Application with at least one of the following organizations:

The Maryland Department of Transportation (**MDOT**)
1-800-544-6056/ Website: www.mdot.state.md.us

The Washington Metropolitan Area Transit Authority (**WMATA**)
(202) 962-2409/Website: www.wmata.com

The Maryland-District of Columbia Minority Supplier Development Council (**MD-DC/MSDC**)
(301)592-6700 / Website: www.mddccouncil.org

Once your company is approved by **MDOT, WMATA** or **MD-DC/MSDC** submit a copy of your MBE Certification letter to the address listed below.

Certification is for ***one year only***; re-certification letters will be mailed prior to the expiration of your current certification; ***re-certification is required annually***.

<p style="text-align: center;"><i>Minority Business Development Division</i></p> <p style="text-align: center;"><i>1400 McCormick Drive, Suite 281, Largo, MD 20774</i></p> <p style="text-align: center;">Telephone (301) 883-6480 Fax: (301) 883-6479</p>
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V. Eligibility Requirements

- A.** Organizations must be currently licensed by the Maryland State Department of Health and Mental Hygiene (DHMH), Office of Health Care Quality to provide residential treatment.
- B.** Organizations must currently possess and historically maintained a level of Good Standing with the State of Maryland Department of Assessment and Taxation.
- C.** Compliance with all provisions of the Code of Maryland Regulations (COMAR) pertaining to the level(s) of care provided.
- D.** Ability to offer services to Spanish speaking residents.
- E.** Insurance coverage as described in Section XIII and Attachment II.
- F.** Provision of transportation services for clients to access treatment, attend associated medical appointments and court-ordered appearances.
- G.** Full participation in the Statewide Maryland Automated Record Tracking (SMART) system as an electronic record for all treatment transactions, treatment plans, progress notes, discharge summaries and Access to Recovery services.
- H.** Full participation in accessing recovery services available through the Access to Recovery (ATR) program.
- I.** The treatment facility is located within a twenty-five (25) mile radius of Prince George's County at the nearest border to its location.

VI. Informational Meeting for Technical Assistance

A pre-submission meeting will be conducted to provide an opportunity for applicants to ask questions and seek clarification regarding the application, review, award and monitoring process described in this RFA. Potential applicants are strongly urged to attend this meeting in order to enhance their understanding of the requirements. The pre-submission meeting is scheduled to be held on Wednesday, July 20, 2011 at 1:30PM at 1801 McCormick Drive, Suite 250, Largo, Maryland 20774. Written or verbal questions will be accepted from potential applicants prior to or during the pre-submission meeting.

Written questions regarding the application review, award and monitoring process should be addressed to Mitchell T. Johnson, Prince George's County Health Department, Division of Addictions and Mental Health, 1801 McCormick Drive, Suite 250, Largo, Maryland 20774. They also may be sent via e-mail to the following address: mtjohnson@co.pg.md.us

VII. Application Submission Procedures

- A. All applications must be received or post-marked no later than 4:30 p.m. Friday, August 19, 2011 by Prince George's County Health Department, Division of Addictions and Mental Health, Room 250, 1801 McCormick Drive, Largo, Maryland 20774.
- B. Applications received after the application deadline will not be accepted.
- C. Three applications bearing original signatures by authorized principles on the cover sheet in blue ink .Three additional copies are to be submitted.
- D. Applications must be double-spaced with numbered pages. No facsimile, electronic or telegraphic copies will be accepted.

VIII. Application Content

Each application shall include the following items in the stated order. All pages must be numbered and double-spaced. Each section and attachment should begin on a new page and be clearly labeled. Attachments should follow the written narrative and be properly referenced and appended to the end of each section. Applications should contain a Cover Sheet and Table of Contents, followed by the sections below. The narrative description for each section that follows contain specific information that must be covered in the application and/or attachment. Utilize the Application Checklist at the end of the RFA to ensure all documents are included and assembled in the proper order.

IX. Program Summary (Not to Exceed 2 pages)

Submit a brief narrative summary (two pages or less) providing an overview of the program's philosophy, objectives and implementation plans. This summary should be specific to the services to be provided.

X. Organizational Capacity Statement (Not to Exceed 3 pages)

- A. Briefly state the applicant's vision, mission, history, nature and scope of work and organizational structure. Elaborate specifically on direct experience providing the level(s) of care indicated for the population served. Attach an Organizational chart that clearly depicts the variety of clinical services provided, facilities, and locations.
- B. Describe all other contractual arrangements in terms of the grantor, client capacity, program staffing, and service requirements.
- C. List the program's projected capacity at the proposed site given the addition of Prince George's County contract clients.
- D. For the last complete fiscal year, describe program capacity in terms of payer mix for the respective services. What percentage is private pay, grant, contractual, and third party funded? What was the average census versus capacity for each level of service?

What census must be achieved to maintain fiscal solvency?

- E. Attach the Articles of Incorporation and provide a listing of the Board of Directors including their addresses and phone numbers.

XI. Scope of Service (Not to exceed 35 pages)

All applications must include a description of the following:

A. Admissions Management

1. Describe the process for managing referrals and assimilating clients into treatment. Within the context of the discussion, address the following:
 - a. What factors govern priority for admission? What services are available for clients awaiting admission?
 - b. What actions are taken to maintain contact during a waiting period?
 - c. During the last twelve (12) month period, what has been the average census versus capacity for each level of care?
 - d. What has been the longest client waiting time for each level of care?
 - e. What is the average length of time between initial contact by a client or referral source and admission into the level of care?
 - f. What percentage of clients assessed as meeting the ASAM criteria were admitted into treatment?
 - g. Attach the policy or procedure that covers admissions management.

B. Medical Evaluation

1. Describe the protocol for Medical Evaluation at admission and address the following.
 - a. What staff conducts the evaluation?
 - b. What criteria determine the need for a full physical or medical exam by a physician or physician's assistant? How quickly can service be obtained?
 - c. How are the infectious disease requirements integrated into the medical evaluation? Attach the Risk Assessment form that is utilized.
2. What factors or considerations are primary in assessing clients for participation in a Buprenorphine protocol?

C. Medical Services

1. Describe the protocol or process for integrating and accessing the following medical services:
 - a. Non-Emergency Medical Services (Primary Care, Physical Exams)
 - b. Emergency Medical Services
 - c. Public Health Services (HIV/TB/Hepatitis C/ STD)-Education, Testing, and Follow-Up Care
 - d. Psychiatric Services

Indicate the Provider and location for the respective services. Describe the availability and frequency of services. Attach all referral agreements pertaining to these services.

2. Describe the Buprenorphine protocol and attach any policy or procedure. What percentage of opiate addicted clients received these services last fiscal year? Describe and attach any referral agreements with other physicians or organizations for continued maintenance treatment upon discharge.
3. Describe and attach the protocol for the proper storage and administration of medications. Include any forms facilitating the process.

D. Clinical Evaluation

1. Describe the program's Comprehensive Clinical Evaluation process in detail. Attach all assessment instruments including the Psycho-social evaluation and describe the specific role that each plays. Include the prospective time frames by level of care for completion of the Comprehensive Evaluation, Treatment Plan development, and client initiation into the treatment process.
2. Describe measures employed to ensure client participation in the development of the treatment plan. Address the correlation between identification of a client's core factors of addictive behavior to development of an effective treatment plan unique to each client. Attach the current version of the treatment plan if other than SMART version.
3. Applicants must utilize the dimensional placement criteria contained in the American Society of Addiction Medicine Patient Placement Criteria II- Revised 2001 (ASAM PPCIIR). Describe the key factors or characteristics within each dimension that are most relevant in determining the appropriate level of care between residential options. Please attach a copy of the formal instrument that facilitates this process.
4. Describe and attach the assessment instrument utilized to measure level of mental health functioning and impairment. Discuss and describe factors that indicate a need for a psychological evaluation. Upon identification of need, how quickly can an evaluation be completed?
5. Describe the program's evaluation process for choosing a particular treatment mix or option within a level of care. What factors determine the type, intensity, and duration of services?

E. Clinical Services

1. Describe in detail the clinical approach for each level of care. Address the following items in your discussion:
 - a. How does this philosophy permeate the treatment options available in the curriculum?
 - b. Describe evidence-based treatment strategies and give example of their use. What is their track record for effectiveness?
 - c. Attach a complete curriculum that indicates the full arrangement, variety, and order of clinical services. List each group session by topic and describe the

- group model utilized (educational, cognitive-behavioral, interpersonal process, relapse prevention, or other specialized group).
- d. Describe the diversity of group treatment options available and how clients are assigned to them? How are co-occurring services integrated? How are diverse groups structured within the curriculum?
 - e. How does the program utilize individual sessions to complement groups? How frequently are they provided and what type of flexibility is there for additional individual sessions when needed? Describe occasions when more individual therapeutic interventions are warranted? How is this accomplished?
 - f. What is the maximum group size for a given model and what is the applicant's average group size for each?
 - g. Attach the current version of the problem list, treatment plan, and progress notes if other than SMART.
2. Describe the key elements of Recovery Oriented Systems of Care and how they are integrated into the treatment process. In the discussion, address the following items:
 - a. The key elements and the role clients play in shaping the treatment plan. To what degree are services consumer driven? Is there a menu of available options?
 - b. The flexibility the program offers for modifying or changing a treatment plan.
 - c. How does your program identify and build on a client's strengths?
 - d. What engagement strategies or techniques are utilized?
 - e. How is treatment duration evaluated at admission and re-evaluated throughout the treatment process? Does the length of stay vary based on treatment progress?
 3. Describe the program's philosophy regarding spirituality and specifically address the following:
 - a. How is spirituality integrated into the treatment protocol and how does it complement 12-step programs.
 - b. Attach any spirituality assessment instrument that is utilized and describe how the topic is explored and cultivated. How may common spirituality goals be structured in a treatment plan?
 - c. How are 12-step programs introduced and how are they integrated into the curriculum?
 4. Describe specific treatment services for women and address the following:
 - a. Are gender specific services available? Describe specific treatment services for women. Are special interventions available for victims of abuse?
 - b. Describe how the approach differs from treating men. Briefly describe the nature and primary sources of addictive behavior in women.
 - c. Are female staff assigned to lead gender specific services for women?

5. Describe the drug testing methodology and attach the protocol. In addition, address the following in the discussion:
 - a. Discuss the diversity and frequency.
 - b. What are the specific changes in treatment and testing that occurs following a positive test?
 - c. Are instant tests utilized? When is lab confirmation required? What role do levels play in the testing protocol?
 - d. How are observation and chain of custody requirements satisfied?

6. Please describe the ability to offer services to the Latino community. Address the following in the discussion.
 - a. How many staff are currently bi-lingual?
 - b. Are written materials available in Spanish?
 - c. Discuss any cultural issues that influence treatment within the Latino community. What factors are primary in treating this population versus other populations?
 - d. If services are not available currently for Spanish-speaking residents, include a time line and steps to integrate this service.

F. Family Services

1. Describe strategies utilized to involve family or significant others in the treatment plan and recovery process. Describe all services provided and available including family treatment, education, and support services.
2. Describe your program's success rate for family members or significant others active participation in treatment. How is this rate defined? Applicants will be expected to maintain at a minimum the rate stipulated in their proposal.

G. Discharge Services

1. Describe the components of discharge planning, attach the current discharge plan, and address the following:
 - a. How is the discharge planning process structured? When does discharge planning commence and how does it evolve? What role does the client play in its development?
 - b. For 3.3 level services, specifically address the factors that would govern placement in a lower level longer term residential program versus an intensive outpatient or outpatient program.
 - c. Integrate in the discussion the requirements pertaining to Access to Recovery services.
2. Describe and attach program procedures for early discharge of unmanageable or disruptive clients. How are positive drug tests handled?
3. Describe critical factors in determining a client's readiness for discharge from the program under varying circumstances. Describe criteria for

determining that a client has “Successfully Completed Treatment”.

H. Case Management Services

1. Is there a formalized Case Management Plan that is developed at admission? How is it developed and administered during treatment? Please attach the Case Management Plan.
2. Applicants are required to actively participate in procuring recovery oriented services available through the ADAA’s Access to Recovery program. Describe internal processes that ensure the identification of eligible clients, application for services, linking clients to services and participating providers, and coordination of care with an assigned care coordinator.
3. Applicants are required to administer and facilitate applications for all clients meeting the eligibility requirements for the Primary Adult Care (PAC) program within one (1) week of admission. Please describe a process to accommodate this requirement.
4. Describe and attach any service agreements with vocational rehabilitation organizations or social service agencies.
5. Describe any other case management activities that link clients with necessary services, especially treatment, medical, or psychological services upon discharge. What activities are performed post-discharge to follow-up with clients?

I. Client Records

Successful applicants will be required to utilize the SMART client information system for documenting treatment plans, managing drug test results, progress notes, and discharge summaries. The applicant must describe their current system for maintaining written client records and how SMART may be currently utilized to this end. If an applicant does not currently utilize SMART, what is the timeframe for implementation?

XII. Program Staffing (Not to exceed 5 pages)

- A. Applicants are required to retain clinical personnel who meet the standards of the Maryland Board of Professional Counselors and Therapists (MBPCT). Applicants must complete the staffing worksheet (Attachment I) and attach current verification of each staff person’s license or certification status. Each program or site must have a MBPCT licensed and/or certified clinical supervisor.
- B. Please describe the protocol for administering clinical supervision within the program and attach the form that is used to document it.
- C. Applicants must include information concerning recruitment, training, supervision and compliance with Equal Employment opportunity (EEO) and the American's with Disabilities Act (ADA) guidelines.

- D. Discuss the development and administration of the organization's training plan within the context of new and emerging treatment strategies. Does staff have an individualized training plan with expectations for attaining additional or higher level certification and licensing credentials?
- E. Describe the organization's goals and achievements in recruiting, retaining, and rewarding quality staff. In the discussion, please address the following:
 - a. Are staff evaluated at regular intervals?
 - b. How is compensation or advancement tied to employee performance?
 - c. How does the organization cultivate an environment that is conducive to professional growth and advancement?

XIII. Past Performance and Organizational Competencies (not more than three pages)

- A. As an attachment, applicants must submit performance outcomes as reported and available through the Alcohol and Drug Abuse Administration's (ADAA) Substance Abuse Management Information System (SAMIS) for the period 7/1/10-6/30/11. If applicants do not participate in the SAMIS system, applicants must provide verification of these statistics from a reliable source. Please submit this information on letterhead or as official documentation from the ADAA or other official source. Please provide the following statistics by level of care.
 - 1. Number of total clients treated.
 - 2. Number and percentage of clients that successfully completed treatment.
 - 3. Number and percentage of clients successfully referred to each ASAM level of care.
 - 4. Number and percentage of clients and percentage retained in treatment at other facilities after 30 and 90 days.
 - 5. Number and percentage of clients and percentage who gained a positive change in employment, education, or vocational ability.
- B. Local jurisdictions complete a quarterly Gant Monitoring Review Form for programs receiving ADAA funding. If the program was subject to this review, please attach the reports for FY '11. If your organization was not subject to this review, please attach any independent review or audit that will support its competencies.
- C. Is the organization currently certified by CARF, JACHO, or other accrediting organization? Attach a copy of all current certifications or provide detail of pending applications for certification review.
- D. Attach current Office of Health Care Quality certification documents and the last certification review report including any required corrective action plan.
- E. Attach two (2) letters of reference from other organizations with direct knowledge of the organizations competencies.

F. Attach the Continuous Quality Improvement Policy and minutes for the last two (2) meetings.

G. Attach the Organization's Strategic Plan for the current year.

XIV. Facility and Location

A. The applicant must agree to have in force, obtain and/or maintain insurance that includes the County as an additional insured and as a certificate holder as described in Attachment II. Contained therein is language pertaining to policy limits, requirements, and indemnification. Please submit verification of current insurance coverage as an attachment, and if needed, address a plan to upgrade or change coverage to the specified levels.

B. Applicants must specifically identify their program location.

C. Describe the facility in terms of its physical structure and attach a use and occupancy permit. Describe the terms of the facility (own, lease, duration) agreement. Please describe the location in terms of proximity to public transportation.

D. What is the approved capacity of the facility for staff and clients?

E. Please attach all required facility certifications associated with the operation of the levels of care provided.

F. Please attach the Risk Management Plan.

XV. Program Rates and Compensation

A. The Division will provide compensation on a per diem basis for each day of 3.3 and 3.1 service. The Division will compensate providers for the first day of treatment if admitted, but not the last day of treatment at discharge. All services are considered to be included in the per diem rate with the exception of items B-D below.

B. The Division will reimburse at cost for medication with the following exclusions or provisions:

1. The medication is not otherwise covered by PAC or private insurance.
2. The medication is not included for Bupernorphine Induction services.

C. The Division will reimburse at cost for transportation services associated with client's accessing treatment and medical services, or fulfilling court ordered obligations. Applicants are to submit a rate structure for providing transportation services in 10 mile intervals between 10 and 100 miles for week day, weekend, or

evening. Include any other additional information regarding cost factors such as wait time and client refusal.

- D.** The Division will reimburse at cost for initial psychiatric evaluations and psychiatric follow-up care for medication management. Applicants are to submit a separate rate for each.
- E.** Applicants are to submit a per diem rate for each level of care. Applicants are to clearly state the number of clients they are applying to serve based on the estimate provided in section II.
- F.** The Division offers the following structure for compensating providers for Bupernorphine related services. Applicants are to enter their rate for the services below.
 - 1. Induction and Stabilization Therapy Services-includes initial medical evaluation, medical testing, medical monitoring, follow up evaluations, and medication. This is a comprehensive rate that covers all services provided in the first 7-10 days.
 - 2. Cost of follow-up medical care associated with Maintenance Management. Medication expenses associated with Maintenance Management are reimbursable at cost. This includes clients who are admitted on a Maintenance dose.
- G.** The Division will reimburse for all eligible and approved expenses according to the terms of the contractual agreement on a monthly basis. Providers will submit invoices within five (5) business days of the end of each month.

XVI. Application Review

A. Acceptance

The Division will review the program applications for completeness. Incomplete documents will not be considered.

B. Review Process

- 1. Completed applications containing all required elements will be forwarded by the RFA Facilitator to the Application Review Panel. The panel is composed of individuals knowledgeable in a variety of areas of substance abuse treatment.
- 2. After preliminary review, the Application Review Panel will meet to discuss the applications, and formulate additional follow-up questions.
- 3. Interviews will be conducted with the applicants.
- 4. The Application Review Panel will meet to complete their scoring of the applications and discuss recommendations for funding. The Review Panel will forward final recommendations as a report to the Director of Addictions and

Mental Health.

5. The Director of Addictions and Mental Health will consider the recommendations of the panel and forward her recommendations to the Health Officer.
6. Upon approval by the Health Officer, the Health Department will issue selection letter(s). Unsuccessful applicants will also be notified in writing.
7. Debriefing meeting will be available for any applicant for a period of one (1) month after final selections.

C. Application Review Criteria

1. The criteria delineated below will be utilized by the Application Review Committee in evaluating applications submitted in response to this RFA. Applications will be evaluated based on the following scoring mechanism with the total possible points equaling 100:
 - a. Program Content from Scope of Services (40 Points)
 - b. Proposed Rates/Cost (25 Points)
 - c. Organizational Stability, Service Delivery Experience and Program Performance and Competencies (25 Points)
 - d. Program Location and Facility (10 points)

There are several rating factors in each category.

2. The contents of the successful application(s) will become part of the programs contract agreement obligations. Therefore, the applicant must be prepared to accept the responsibility for implementing any activity described in the application.

XVII. Proposed Contract Agreement Documents

- A. Representatives from the Division will meet with selected vendors to finalize contractual details and monitoring requirements. Following, three copies of the Contract Agreement will be presented to the vendor for review and signature by appropriate officials. The signed Contract Agreement must be returned to the Prince George's County Health Department, Division of Addictions and Mental Health, Community Treatment Unit, 1801 McCormick Drive, Largo, Maryland 20774. The selected applicant must also include **three** copies with original signatures of the Vendors Oath and Certification form, the Certification of Assurance of Compliance Regarding Fair Labor Standards Act form, the Bidder/Offer or Affidavit form and the Corporate Acknowledgement form. These forms will be provided with the Contract Agreement. Applicants will also be required to submit a copy of their Articles of Incorporation.
- B. The Contract Agreement will be submitted to the County Administrative Review Committee for final approval and necessary signatures. The Contract Agreement is not final until approved by the Office of the County Executive. Upon final

approval, a signed copy of the Agreement will be forwarded to the contract provider.

XVIII. Renewal/Options

The Contract Agreement period, subject to availability of County funds, will begin on the date the contract agreement is approved by the County's Administrative Review Committee. The County has the sole option to extend the Agreement for two (2) one year periods.

XIX. Monitoring and Evaluation

The Division must authorize all services provided under the terms of the agreement. The grantee's efficient and effective performance under the agreement will be monitored by the Division of Addictions and Mental Health and will include regular on-line monitoring via SMART and on-site monitoring visits, monthly invoice and outcome reports, and various other reports and projects as stipulated in the contractual agreements. Treatment surveys will be conducted on occasion. An informational meeting detailing the monitoring procedures and requirements will be held prior to the execution of the final Contract Agreement.

XX. Sub Contracting

If the applicant contemplates subcontracting any part of the proposed services, subcontracting documents need to be included with the application submission. The applicant remains responsible for all services specified in this RFA. The subcontracting of any part of the services must be approved by the Health Department prior to implementation.

APPLICATION CHECKLIST

Application Order and Requirements

IX. Program Summary (not more than two pages)

X. Organizational Capacity Statement (not more than three pages)

Attachments

1. Organizational Chart depicting clinical services, facilities, and locations
2. Articles of Incorporation and listing of Board of Directors (including addresses and phone numbers)

XI. Scope of Services (not more than thirty-five pages)

Medical Attachments

1. Medical/Physical Evaluation Form
2. Infectious Disease Assessment
3. Medical Progress Note format
4. Medication Administration Protocol and Medication Log
5. Buprenorphine Protocol and Referral Agreements
6. Referral Agreements for Medical and Psychological Services

Clinical Attachments

1. Admissions Management Protocol
2. Clinical Curriculum –Diagram, Options, and Description by Level of Care
3. Problem List and Treatment Plan (If Other than SMART)
4. ASAM PPC-II Level of Care Determination
5. Assessment Instruments
6. Progress Note Format (If Other than SMART)
7. Drug Testing Protocol
8. Discharge Plan and/or Summary (If Other than SMART)
9. Discharge Policy for Non-Compliance
10. Referral Agreements for Social Services
11. Case Management Plan

XII. Program Staffing (not more than five pages)

Attachments

1. Staffing Worksheet as specified in Attachment I and Certification Verification Documents
2. Clinical Supervision Documentation

XIII. Organizational Competencies (not more than two pages)

Attachments

1. Current Office of Health Care Quality Certification for Level(s) of Care.
2. Most recent audit by the Office of Health Care Quality

- and Program Improvement Plan
3. FY '11 Quarterly Audits through local jurisdiction.
 4. Performance Outcomes
 5. 2 Letters of Reference
 6. Continuous Quality Improvement Policy and minutes from last two meetings.
 7. Current Organizational Strategic Plan
 8. Verification of Good Standing with the State of Maryland Department of Assessment and Taxation.

XIV. Program Location and Facility (not more than three pages)

Attachments

1. Use and Occupancy Permit
2. Risk Management Plan
3. Insurance Verification as specified in Attachment II

XV. Program Rates

ATTACHMENT II

**LIABILITY LANGUAGE AND INSURANCE REQUIREMENTS FOR
PRINCE GEORGE’S COUNTY**

- A. The Subgrantee shall perform services with the degree of skill and judgment, which is normally exercised by recognized professionals, paraprofessionals and voluntary service organizations with respect to services of a similar nature.
- B. The Subgrantee shall take proper safety and health precautions to protect the work environment, employees, the public and the property of others from any damages or injury resulting solely from the performance of work described herein.
- C. The County shall not be liable for any injuries to the employees, agents or assignees of the Subgrantee arising out of or during the course of employment relating to this Agreement.
- D. The Subgrantee has in force or shall obtain and provide to Prince George’s County, Maryland evidence of commercial insurance coverage for the following exposure: ***(ALL REQUISITE INSURANCE LIMITS MUST BE APPROVED ANNUALLY, IN WRITING, BY THE COUNTY’S RISK MANAGER.)***

WORKER’S COMPENSATION: An insurance policy complying with the requirements of the statutes of the jurisdiction(s) in which the work will be performed. The Subgrantee will provide coverage for these exposures on an “if any basis”. The coverage under such an insurance policy or policies shall have limits not less than:

Worker’s Compensation: MARYLAND STATE STATUTORY LIMITS

Employer’s Liability: Each Accident	\$500,000
Disease Policy Limits	\$500,000
Disease - Each Employee	\$500,000

COMMERCIAL GENERAL LIABILITY INSURANCE (CGL): An insurance policy covering the liability of the Subgrantee for all work or operations under or in connection with this Project; and all obligations assumed by the Subgrantee under this Contract. Products, Completed Operations and Contractual Liability must be included. The coverage under such an insurance policy or policies shall have limits not less than:

BODILY INJURY AND PROPERTY DAMAGE LIABILITY
\$1,000,000/\$2,000,000 per occurrence/ aggregate

PREMISES MEDICAL PAYMENTS \$5,000

PERSONAL INJURY / ADVERTISING \$1,000,000

Physical and Sexual Abuse \$100,000/\$300,000 per occurrence

PRINCE GEORGE’S COUNTY, MARYLAND must be included as an additional insured under the general liability insurance coverage with respect to activities related to this Agreement.

AUTOMOBILE LIABILITY INSURANCE: An insurance policy covering the use of all owned, non-owned, hired, rented or leased vehicles bearing license plates appropriate for the circumstances for which they are being used, as required by the Motor Vehicle Laws of the State of Maryland and not covered under the Subgrantee aforementioned Commercial General Liability Insurance.

The coverage under such an insurance policy or policies shall have limits not less than:

BODILY INJURY AND PROPERTY DAMAGE LIABILITY
\$1,000,000 Combined Single Limit

MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE: A separate insurance policy to pay on behalf of the Subgrantee all costs that the Subgrantee shall become legally obligated to pay as damages due to any claim caused by any negligent act, error or omission of the Subgrantee or any other person for whose acts the Subgrantee is legally liable arising out of the performance of services under this Agreement. The coverage under such an insurance policy shall have a limit of liability not less than:

\$1,000,000 per occurrence

The Subgrantee will furnish to the Department and/or the County “Certificates of Insurance”, which shall list “**PRINCE GEORGE’S COUNTY, MARYLAND**” as an **additional insured** and **certificate holder** of the Subgrantee’s policy for residential substance abuse treatment and provide that the County shall be notified by the insurer **at least thirty (30) days** prior to cancellation or material change of any such coverage.