

## **REQUEST FOR PROPOSALS (RFP)** **Community Peer Project**

Pre-Proposal Conference Held: June 20, 2024 | 1:00 pm.

### **BHSB Facilitators:**

Kisha Winston-Watkins, Procurement Lead  
Chantel Walker, Program Lead

## **QUESTIONS AND ANSWERS**

**Q1:** For those whose organizations are located in Baltimore County but might be licensed in Baltimore City to provide behavioral health services, would that qualify as being eligible to apply?

*A: The organization must be located in Baltimore City.*

**Q2:** You announced that only one provider will be selected, but can we partner with other county and city providers? Can the selected provider contract with other partners to do the work?

*A: No. The selected provider is expected to carry out all services outlined in the RFP. The selected provider cannot subcontract to partners in the county or city after its organization is selected for the RFP.*

**Q3:** What amount of time will the contract require each peer to work with each participant?

*A: These peer services are intended to be consumer-driven, so there is no set time for peers to engage consumers. Peers are expected to engage and link consumers to needed services within the public behavioral health system.*

**Q4:** Under the program types that are unable to apply, you listed FQHCs and then program type 32 and program type 50. Can you explain what program type 32 and 50 are?

*A: Medicaid Provider Type 50 are Community-based Substance Use Disorder Programs licensed under COMAR 10.63.03 as OP Level 1, IOP Level 2.1, and/or PHP Level 2.5 Medicaid Provider Type 32 are Opioid Treatment Programs and Federally Qualified Health Center FQHC are Medicaid Provider Type 34. Please note that the selected provider cannot bill Medicaid for services provided by peers associated with this contract.*

**Q5:** What amount of time is the contract requiring each peer to work with each participant?

*A: There is no time limit.*

**Q6:** What agencies will the referrals come from?

*A: The applicant will develop and maintain a working relationship with hospital and departmental staff, the Mobile Crisis Team (MCT), the Behavioral Health Crisis Stabilization Team, the Crisis Response Team (CRT), and other referral sources to assist with peer and consumer linkage.*

**Q7:** Along with the standard implementation of this project, what percentage of the funds can be used for innovating new ways to address behavioral health issues?

*A: There is no separate funding to support any additional innovations. The selected provider must adhere to all scope of work and deliverables as outlined in the RFP. Allowable costs associated with this project will cover identified staff salaries, transportation for staff to support the consumers to appointments and community resources, communication costs, and emergency resources necessary to alleviate barriers to treatment and resources.*

**Q8:** How will the referring parties know who to refer participants to?

*A: Foster relationships with hospitals, etc. Providers should build those relationships through word of mouth. The BHSB Program Lead will make some introductions with community providers and other stakeholders.*

*The Community Peer Project emphasizes the importance of consistent connection and engagement through peer support. The referral process should be open for self-referral, family, hospital, and community providers. The multiple entry points for referrals will assist in utilizing a "no wrong door" approach that eliminates barriers to accessing services through this project. The Certified Peer Recovery Specialists (CPRS) associated with this project may meet consumers at the hospital, crisis services provider, mobile treatment provider, personal residences, and any other community location to engage and connect.*

*Referrals should be simple, low-barrier, and uncomplicated to complete. The applicant is expected to accept a high percentage of referrals to appropriately meet the population's needs while creating a rapid turnaround time. Peers can link consumers to services within their organization if the consumer prefers. Peers should inform consumers of all resources available, including linkage to organizations across the PBHS. Referrals should be driven by consumer choice.*

**Q9:** What if the referrals go beyond 300 in a year? Also, what will happen to the ongoing services if peers are still receiving services and funding winds down?

*A: We hope it exceeds 300, which is the target annual number of consumers to be served. The award is renewable, so consumer peer services should not be impacted.*

**Q10:** Is this a reimbursable reward?

*A: Yes, it is. Cost Reimbursement – Advance Basis*

- *Vendor receives payment in advance of incurring and reporting costs based on a pro-rated budget (e.g., ¼ of budget each quarter), with payment amounts adjusted based on spending.*
- *BHSB issues payments once per month. Applicants should note that submitting required documents and reports late can result in delayed payment.*

**End of Questions and Answers**