

Maryland Department of Health
Maryland Community Health Resources Commission

Request for Proposals for Independent Reviewer
Behavioral Health

1. Summary Statement and Background

The Maryland Community Health Resources Commission (CHRC; the Commission), an independent agency operating within the Maryland Department of Health, is seeking to hire an independent reviewer to evaluate grant proposals on the six criteria established by the CHRC and submit recommendations regarding which applicants should be invited to present their grant proposals to the CHRC in February 2019.

Grant proposals are due to the CHRC on December 17, 2018, and grant awards will be made by the CHRC in February 2019. Independent reviewers will be required to submit their evaluations of the grant proposals to the Commission on or before January 11, 2019.

Independent reviewers cannot be affiliated or connected with any of the entities applying for the Commission grants, either in a direct employment, contractual, or consulting role. A Conflict of Interest Affidavit and Disclosure statement (Attachment A) will be required of selected reviewers.

2. Procurement Officer:

Edith Budd, Administrator
Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401
Phone: 410.260.6290
Email: edith.budd@maryland.gov

3. Deliverables
 - a. The following deliverables are due to CHRC staff no later than January 11, 2019:
 - i. A single review sheet (provided by the CHRC; Attachment B) and score for each proposal reviewed; and
 - ii. In a memorandum format, an overall assessment (normative evaluation) of each proposal received and a recommendation whether the applicant should be invited to present its grant proposal to the CHRC in February 2019.
 - b. The independent reviewer will attend a conference call, date to be decided (likely January/February 2019), with the CHRC Board to discuss recommended applicants and answer any questions from the Commissioners.
4. The term of the contract is December 18, 2018 through February 15, 2019.
5. The contract to be awarded will result from a **Small Procurement**.
6. Bid/Proposal submission information
 - a. Proposals are due no later than 5:00 p.m., Friday, November 16, 2018.
 - b. Responses are due electronically to Edith Budd, Procurement Officer, at edith.budd@maryland.gov.
 - c. **Responses must be received via email at the email address of the Procurement Officer, Edith Budd, at edith.budd@maryland.gov. Email responses are due by 5:00 p.m., Friday, November 16, 2018.**
 - d. Submission documents:
 1. The Price Proposal Form with appropriate pricing.
 2. Proposal containing the following information:
 - a. Name, organization, and contact information (mailing address, telephone, email).
 - b. Expertise in behavioral health issues.
 - c. Experience in reviewing grant applications.

- e. Inquiries: Potential offerors can submit questions or comments to the Procurement Officer at edith.budd@maryland.gov prior to the due time and date.
7. Award Determination
- a. The contract to result from this solicitation will be awarded to the Offeror submitting the Most Advantageous Offer. The Most Advantageous Offer will be determined based upon each Offeror's price plus the following technical evaluation factors (Technical Evaluation Criteria):
 - i. Familiarity with the work and mission of the CHRC;
 - ii. Expertise in behavioral health issues; and
 - iii. Experience in reviewing grant applications.
8. Payment
- a. Invoices should be submitted to

Maryland Community Health Resources Commission
45 Calvert Street, Room 336
Annapolis, MD 21401
 - b. Invoice should be submitted upon completion of all deliverables as determined by the Procurement Officer, but no later than February 28, 2019.
 - c. Amount invoiced must not exceed the price quoted by the Contractor on the price form.
 - d. The invoice should include a unique invoice number and the Federal tax ID number for your organization.
9. The Commission agrees to provide guidance concerning contract activities, as needed; evaluate and determine acceptance of deliverables; and pay invoice.
10. The Price Proposal Form is included as Attachment C.

11. The standard small procurement contract is attached and also can be obtained from the OPASS web site (https://health.maryland.gov/pages/sf_dcpf.aspx).

ATTACHMENT A
CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE

A. "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the State, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.

B. "Person" has the meaning stated in COMAR 21.01.02.01B(64) and includes a Bidder/Offeror, Contractor, consultant, or subcontractor or sub-consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which a Bid/Proposal is made.

C. The Bidder/Offeror warrants that, except as disclosed in §D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.

D. The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain in detail—attach additional sheets if necessary):

E. The Bidder/Offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the Bidder/Offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the Bidder/Offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the Contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____ By: _____
(Authorized Representative and Affiant)

ATTACHMENT B

GRANT APPLICATION REVIEW SHEET

PAGE 1

Maryland Community Health Resources Commission - Grant Application Evaluation Review Sheet							
Applicant:				Reviewer:			
Subject:							
Part I: REVIEW PRINCIPLES		See criteria sheet for explanation of each category					
Item	Total Possible Score	Provide numeric score ranging from 0 to 15					Applicant Score (0-15)
		Not Acceptable 0-3	Fair 4-6	Good 7-9	Very Good 10-12	Excellent 13-15	
Addresses strategic priorities: Preserving or enhancing the State's ability to serve vulnerable populations regardless of insurance status	15						
Justification for score on this item:							
Item	Total Possible Score	Provide numeric score ranging from 0 to 15					Applicant Score (0-15)
		Not Acceptable 0-3	Fair 4-6	Good 7-9	Very Good 10-12	Excellent 13-15	
Addresses strategic priorities: Promoting health equity by reducing health disparities and addressing the social determinants of health	15						
Justification for score on this item:							
Item	Total Possible Score	Provide numeric score ranging from 0 to 15					Applicant Score (0-15)
		Not Acceptable 0-3	Fair 4-6	Good 7-9	Very Good 10-12	Excellent 13-15	
Addresses strategic priorities: Supporting community-based programs that are innovative, sustainable, and replicable	15						
Justification for score on this item:							
Item	Total Possible Score	Provide numeric score ranging from 0 to 15					Applicant Score (0-15)
		Not Acceptable 0-3	Fair 4-6	Good 7-9	Very Good 10-12	Excellent 13-15	
Community need	15						
Justification for score on this item:							
Item	Total Possible Score	Provide numeric score ranging from 0 to 15					Applicant Score (0-15)
		Not Acceptable 0-3	Fair 4-6	Good 7-9	Very Good 10-12	Excellent 13-15	
Potential impact/Prospects for success	15						
Justification for score on this item:							
Item	Total Possible Score	Provide numeric score ranging from 0 to 15					Applicant Score (0-15)
		Not Acceptable 0-3	Fair 4-6	Good 7-9	Very Good 10-12	Excellent 13-15	
Program monitoring, evaluation, and capacity to collect/report data	15						
Justification for score on this item:							
Item	Total Possible Score	Provide numeric score ranging from 0 to 5					Applicant Score (0-5)
		Not Acceptable 0-1	Fair 2	Good 3	Very Good 4	Excellent 5	
Participation of stakeholders and partners	5						
Justification for score on this item:							
Item	Total Possible Score	Provide numeric score ranging from 0 to 10					Applicant Score (0-5)
		Not Acceptable 0-1	Fair 2	Good 3	Very Good 4	Excellent 5	
Organizational commitment and financial viability	5						
Justification for score on this item:							
Total possible:	100					Applicant Total:	#REF!

ATTACHMENT B
GRANT APPLICATION REVIEW SHEET
PAGE 2

Maryland Community Health Resources Commission				
Grant Application Evaluation Review Sheet				
Applicant:	0		Reviewer:	0
Subject:	0			
Part II: FINAL EVALUATION				
Total Applicant Score <i>(total 100 points possible)</i>		#REF!		
Overall Evaluation by Reviewer		Check one of these boxes		
Excellent	Reflects the highest-scoring applications and will likely be invited to present			
Good	Reflects the applications generally scoring well, but not within the top third of the field			
Not recommended	Reflects applications not scoring well, in the bottom third of the field			
		Check one of these boxes		
		Yes	No	Maybe
Should this applicant be invited to present to the CHRC?				
<u>General comments about application</u>				

ATTACHMENT B
GRANT APPLICATION REVIEW SHEET
PAGE 3

Selection criteria

1a. Preserving or enhancing the State’s ability to serve vulnerable populations regardless of insurance status: The application demonstrates the ability to deliver new or expanded services, increase capacity in underserved communities, and/or serve vulnerable populations. Programs that increase capacity to deliver direct services, promote the long-term financial stability of safety net providers, and encourage quality improvement/assurance and use of data analytics will be favorably reviewed. The CHRC will also consider proposals that focus on engaging underserved, “hard-to-reach” populations and facilitating access to existing, affordable, high-quality health care services in the community

1b. Promoting health equity by reducing health disparities and addressing the social determinants of health: The application demonstrates knowledge of racial and ethnic health disparities among its proposed target population. The application clearly describes the specific disparity(ies) that are targeted and presents an effective and sustainable plan to mitigate these disparities and improve health outcomes. The application demonstrates an understanding of the SDOH affecting the target population and describes any multi-sectoral plans to address upstream determinants. The plan includes efforts to increase workforce diversity and includes participation by community health workers or patient navigators. The application indicates prior participation in, or plans to participate in, cultural competency training for staff.

1c. Supporting community-based programs that are innovative, sustainable, and replicable. The proposal described a project that employs innovations in methodology, technology and/or multi-sectoral partnerships to expand/improve the provision of health care services to under-served populations. The proposal described a project which, after successful completion, can serve as a model to be replicated in other areas of the state. The application demonstrates that the proposed project is likely to continue to provide benefits to the target population and the community at large beyond the duration of the proposed grant. The proposal identifies likely sources of future revenue and describe efforts to achieve long-term program/financial sustainability (will future project funds come from a fee-for-service model or will the project require outside funding from hospitals, outside organizations, or grant funding?) Additionally Applications that indicate matching fund commitments will be favorably reviewed. Letters of commitment that demonstrate financial support at the beginning, during, or after the project period are strongly encouraged, and those applications will be given added consideration. In-kind support will be viewed favorably, but not as favorably as matching support provided by additional external partners, such as hospital partners or private/non-profit foundations.

2. *Community need:* The application demonstrates a deep understanding of the community to be served and that the needs of the community exceed the existing health resources available (or accessible) to the target population. The target population is clearly identified and quantified, and the needs of this population are adequately documented through quantitative data such as demographics, poverty levels, education levels, rates of insurance coverage, and service utilization statistics. Data utilized to illustrate the needs of the identified population should be drawn from a reliable and known data source such as the State Health Improvement Process (SHIP), HSCRC, CRISP, individual hospital data, or the Maryland Health Equity data from the Maryland Office of Minority Health and Health Disparities.

3. *Project Impact and Prospects for Success:* The application demonstrates that the project will lead to improved access to care for the target population, will build capacity to deliver services to lead to improved health outcomes, improved patient experience, and/or more efficient use of hospital resources. The project has potential for expansion or replication within the community, in neighboring areas, or more broadly across the state. The goals and objectives of the project are clear, measurable, and achievable. The proposed project has a high likelihood of achieving its overall goal(s). The project incorporates the best available evidence-based interventions and actions that will address the priorities outlined in the proposal. In the absence of evidence-based intervention strategies, the CHRC will also consider alternative strategies from the proposal if there is a compelling case for logical and closely monitored innovation. The proposal includes a logic model attachment which summarizes the project and links intervention strategies with expected outcomes. The work plan and budget are congruent and reasonable. The project team possesses the skills, competencies, commitment, and sufficient capacity to carry out the proposed work and has a supportive, organizational, and community environment. Applicants are encouraged to cite specific data sets and sources that will be utilized to document program impact.

4. *Program monitoring, evaluation, and capacity to collect/report data :* The application demonstrates the capacity to measure and report progress in achieving goals and objectives of the project through qualitative and quantitative measures. Evaluation plans should be clear and consistent with the inputs, activities, and outcomes outlined in the program's logic model. The application should clearly specify the metrics that will be used to define success. The application should specify how and from which sources data will be collected and reported to the CHRC, which analysis tools will be used for quantitative and qualitative evaluation, and what data source(s) will be utilized to document overall program impact. Where relevant, applications should document the use of an EMR system, use of the ENS system in CRISP, data-sharing agreements with hospitals, or other applicable data tools and resources. The project team must also have the ability to comply with the evaluation and monitoring requirements of this grant program. Applicants are encouraged to include the projected costs of IT and data collection in their line item budget and narrative and include the expected costs for evaluation in the overall grant budget request.

5. *Participation of stakeholders and partners:* The application lists as key participants relevant stakeholders and partners from the community and appropriate agencies and organizations. These collaborators will be actively engaged as demonstrated by participation in the planning and implementation process, dedicating staff or other resources to the project, contributions of facilities and equipment, and/or the provision of free or discounted health care services. Letters of commitment from collaborators are required, should be included in the Appendix section of the proposal, and must clearly state what they will contribute to the project and/or how they will participate in the project.

6. *Organizational commitment and financial viability:* The applicant organization is committed to improving access to care for the target population and can demonstrate that the proposed project will significantly contribute to this goal. In addition, the applicant organization is in sound financial standing, has adequate financial management systems, is capable of managing grant funds, and presents the strong likelihood of achieving the overall objective(s) of the grant proposal.

ATTACHMENT C
PRICE PROPOSAL FORM

**FOR THE RFP FOR SECURING INDEPENDENT REVIEWER
BEHAVIORAL HEALTH**

COMPANY NAME: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

COMPANY ADDRESS: _____

OFFICE TELEPHONE NUMBER: _____ **FAX:** _____

CONTRACT CONTACT PERSON: _____

CONTACT E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____ **DATE:** _____

COST PER APPLICATION REVIEWED	\$
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**STATE OF MARYLAND
DEPARTMENT OF HEALTH
SMALL PROCUREMENT CONTRACT**

THIS CONTRACT (the "Contract"), is made as of the _____ day of _____, 20____ by and between the STATE OF MARYLAND, acting through the DEPARTMENT OF HEALTH ("Department"), and _____

("Contractor") whose principal office in Maryland is

and whose principal business address is

The parties agree as follows:

1. Scope of Contract.

(a) The Contractor shall provide the following goods or services:

The scope of work or solicitation dated _____ is attached and incorporated by reference as Exhibit _____. The Contractor's bid or proposal dated _____ is attached and incorporated by references as Exhibit _____. If there

is any conflict between this Contract and any exhibits incorporated by reference, the terms of this contract shall govern. If there is any conflict among the Exhibits, the following order of precedence shall determine the prevailing provision:

Exhibit A – the scope of work or solicitation and Exhibit B – the Contractor's bid or proposal.

(b) **Changes.** This Contract may be amended only with the written consent of both parties. Amendments may not change significantly the scope of the Contract (including the Contract price).

2. Term of Contract. The term of this Contract shall be for the period of _____

_____, 20____ through _____, 20____.

3. Compensation and Method of Payment.

- (a) **Compensation.** The total compensation for services to be rendered by the Contractor shall not exceed \$_____.
- (b)
- (c) **Method of Payment.** The Department shall pay the Contractor no later than thirty (30) days after the Department receives a proper invoice from the Contractor. Charges for late payment of invoices, other than as prescribed by Title 15, Subtitle 1, State Finance and Procurement Article, Maryland Code, are prohibited.
- (d) **Tax Identification Number.** The Contractor's Federal Tax Identification Number is _____ . The Contractor's Social Security Number is _____ (Individual Contractor Only). Contractor's Federal Tax Identification Number (or Social Security Number - Individual Contractor Only) shall appear on all invoices submitted by the Contractor to the Department for payment.
- (e) **Invoicing.** All invoices for services shall be signed by the Contractor and submitted to the Procurement Officer. All invoices shall be submitted in triplicate no later than the 15th of the month for the preceding calendar month. All invoices shall include the following information:
 - Contractor name;
 - Remittance address;
 - Federal taxpayer identification number (or if sole proprietorship, the individual's social security number);
 - Invoice period;
 - Invoice date;
 - Invoice number
 - State assigned Contract number;
 - State assigned (Blanket) Purchase Order number(s);
 - Goods or services provided; and
 - Amount due.

Invoices submitted without the required information cannot be processed for payment until the Contractor provides the required information.

4. Procurement Officer. The Department designates _____

to serve as Procurement Officer for this Contract. All contact between the Department and the Contractor regarding all matters relative to this Contract shall be coordinated through the Procurement Officer.

5. **Disputes.** Disputes arising under this Contract shall be governed by State Finance and Procurement Article, Title 15, Subtitle 2, Part III, Annotated Code of Maryland, and by COMAR 21.10 Administrative and Civil Remedies. Pending resolution of a dispute, the Contractor shall continue to perform this Contract, as directed by the Procurement Officer.
6. **Termination for Convenience.** The State may terminate this Contract, in whole or in part, without showing cause upon prior written notification to the Contractor specifying the extent and the effective date of the termination. The State will pay all reasonable costs associated with this Contract that the Contractor has incurred up to the date of termination, and all reasonable costs associated with termination of the Contract. However, the Contractor may not be reimbursed for any anticipatory profits which have not been earned up to the date of termination. Termination hereunder, including the determination of the rights and obligations of the parties, shall be governed by the provisions of COMAR 21.07.01.12(A)(2).
7. **Termination for Default.** If the Contractor does not fulfill obligations under this Contract or violates any provision of this Contract, the Department may terminate the Contract by giving the Contractor written notice of termination. Termination under this paragraph does not relieve the Contractor from liability for any damages caused to the State. Termination hereunder, including the rights and obligations of the parties, shall be governed by the provisions of COMAR 21.07.01.11B.
8. **Termination for Nonappropriation.** If funds are not appropriated or otherwise made available to support continuation in any fiscal year succeeding the first fiscal year, this Contract shall be terminated automatically as of the beginning of the fiscal year for which funds are not available. The Contractor may not recover anticipatory profits or costs incurred after termination.
9. **Non-Discrimination in Employment.** The Contractor shall comply with the nondiscrimination provisions of federal and Maryland law, including, but not limited to, the employment provisions of §13-219 of the State Finance and Procurement Article, Maryland Code and Code of Maryland Regulations 21.07.01.08, and the commercial nondiscrimination provisions of Title 19, Subtitle 1, State Finance and Procurement Article, Maryland Code.
10. **Maryland Law Prevails.** The laws of Maryland shall govern the interpretation and enforcement of this Contract. The Maryland Uniform Computer Information Transactions Act (Commercial Law Article, Title 22 of the Annotated Code of Maryland) does not apply to this Contract or any software license acquired hereunder.
11. **Anti-Bribery.** The Contractor certifies that, to the Contractor's best knowledge, neither the Contractor; nor (if the Contractor is a corporation or partnership) any of its officers, directors, partners, or controlling stockholders; nor any employee of the Contractor who is directly involved in the business's contracting activities, has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States.

12. Commercial Non-Discrimination Policy. The Contractor shall comply with the provisions of State Finance and Procurement Article. Title 19, Annotated Code of Maryland.

IN WITNESS THEREOF, the parties have executed this Contract as of the date hereinabove set forth.

CONTRACTOR

**STATE OF MARYLAND
DEPARTMENT OF HEALTH**

(Seal)

By: _____

By: _____

(Printed Name and Title)

(Printed Name and Title)

Date

Date

Attachments: Exhibit A: Scope of Work or Solicitation

Exhibit B: Bid or Proposal