



# **Request for Proposal**

## **Behavioral Health Services**

### **For University of Maryland Capital Region Health System**

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**Issued:** August 2<sup>nd</sup>, 2024

**Response Due:** September 20<sup>th</sup>, 2024

#### **Summary:**

The mission of University of Maryland Capital Region Health (“UM Cap Region”) is to provide innovative and comprehensive health care to the residents of Prince George’s County and beyond. To achieve this mission, UM Cap Region seeks a Behavioral Health Care Provider (Vendor) to provide high quality inpatient and outpatient behavioral health care to patients of UM Capital Region.

Thus, UM Cap Region solicits proposals from Behavioral Health Care Providers that can provide 24/7 behavioral health care for acute, Intensive Outpatient Program (IOP) and Outpatient Patient (OP) patients in the UM Cap Medical Center (including IOP/OP at our Laurel Campus). We are a teaching institution, and therefore, Vendor will be required to work with our Medical Students and Internal Medicine and/or Family Medicine residents (current cohort ~50 residents).

#### **Selection Procedure:**

UM Cap intends to select the Vendor that will provide “BEST VALUE.” Best value is defined as the combination of demonstrated knowledge, skill, ability, quality and price. The vendor selection will be made by the members of the RFP committee and based on the responses submitted to this RFP, and information provided to the RFP Committee.

UM Cap Region will evaluate all responses to determine if they meet the minimum qualifications. All responses that meet the minimum qualifications set forth below will be evaluated against criteria and cost.

#### **Minimum Qualifications**

1. Licensed to provide Behavioral Health Services in Maryland.
2. Documented previous experience(s) of providing similar provider services to healthcare systems of our size and scope. System similar to our size and scope should have minimum of 20 inpatient beds, acute stabilization center, and must include experience with voluntary and involuntary admission process and patient care.
3. Documented evidence of oversight and administrative structure to provide such services.
4. Timely submission of a complete proposal.

At any time in the evaluation process, UM Cap may request clarifications and additional information from vendors.

**Inquiries:**

All inquiries concerning this RFP shall be directed exclusively to the following via email:

Contact: UMCAP RFP Committee  
Email address: UMCAPBHURFP@umm.edu

**No other staff members of UM Cap are to be directly contacted about this RFP. Failure to comply with this requirement may be cause for disqualification from the RFP process.**

**Submission Checklist:**

Please review the following checklist of required RFP components and indicate which required components of this RFP are included in your response. Failure to include all required components may disqualify your response.

Response may be submitted electronically in PDF format. Note however, the firewall limits attachments to 19,500 MB. If an alternative is needed due to file size restrictions, contact UMCAPBHURFP@umm.edu to request this accommodation.

Required RFP Components:

	<u>YES</u>	<u>NO</u>
1. Cover Letter	___	___
2. Detailed response to all questions indicated with :	___	___
3. Resume for each key team member	___	___
4. Confidentiality agreement	___	___
5. Vendor's References	___	___
6. Vendor's Price Proposal	___	___
7. Vendor's Qualifications	___	___

**Proposal Submitted by:**

COMPANY: \_\_\_\_\_

TAX ID#: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

TEL #: \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## Table of Contents

SECTION I: Objective.....	4
1. Objective .....	4
SECTION II: General Process, Terms and Conditions of RFP .....	4
1. RFP Selection Process.....	4
2. Costs for Proposal Preparation .....	4
3. Disqualification of Proposals .....	4
4. Addenda to this RFP.....	4
5. Right to Withhold Awarding of Contract.....	5
6. Final Contract.....	5
7. Contract Invalidation.....	5
8. Immunity from Liability.....	5
9. Prevailing Law .....	5
10. Submission of Proposals .....	5
11. Presentation Accuracy and Format.....	5
12. Signature/Consent .....	5
13. Timetable.....	6
14. Contract Award .....	6
15. Cancellation.....	6
16. Confidentiality Statement.....	6
SECTION III: Background and Service Requirements .....	7
1. Background .....	7
2. Capital Region Medical Center Data.....	8
SECTION IV: Service Requirements .....	10
1. Overview .....	10
2. Provider Coverage.....	10
3. Teaching Service .....	10
4. Administrative Structure .....	10
5. Philosophy of Care .....	10
6. Quality Assurance .....	11
7. Key Performance Indicators .....	11
8. Subspecialty Partnerships.....	11
9. Additional Services .....	11
10. Equity, Diversity and Inclusion.....	12
11. Start-up Phase and Approach .....	12
12. Operational Support .....	12
13. Governance Model .....	12
14. Financial Considerations .....	12
15. Information Technology.....	13
16. Vendor Qualification.....	13
17. Vendor's References (Other Comparable Health System Customers) .....	14
SECTION V: Evaluation Criteria .....	14
1. Bid Evaluation Criteria.....	14

## **SECTION I: Objective**

### **1. Objective**

The mission of University of Maryland Capital Region is to provide innovative and comprehensive health care to the residents of Prince George's County and beyond. To achieve this mission, UM Cap Region seeks a Vendor to provide high quality behavioral health care to patients of UM Region.

## **SECTION II: General Process, Terms and Conditions of RFP**

### **1. RFP Selection Process**

UM Cap Region intends to select a vendor that will provide "BEST VALUE." Best value is defined as the combination of demonstrated knowledge, skill, ability, quality and price. The Vendor selection will be made by the members of the RFP committee and based on the responses submitted to this RFP.

UM Cap Region reserves the right to accept a Vendor's RFP response in whole or in part or to reject all responses.

Based on the totality of the circumstances and all information garnered during this process, a Vendor will be chosen. The Vendor selected will be invited to enter into the contract included with this RFP. UM Cap Region reserves the right to negotiate final terms and conditions with Vendors which may depart from those requested in the RFP and/or submitted in their proposal. Selection is not a guarantee that a final contract will be executed.

The selected Vendor will be notified by a representative of UM Cap Region. Any notification from an individual, department or entity other than the individual identified above is null and void.

### **2. Costs for Proposal Preparation**

Any costs incurred in preparing or submitting a proposal shall be the Vendor's sole responsibility.

### **3. Disqualification of Proposals**

UM Cap Region reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the scope of work. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be disqualified without further notice.

A Vendor shall be disqualified, and the proposal automatically rejected for any one of the following reasons:

- Proposal shows any noncompliance with applicable law.
- The proposal is conditional, incomplete, or irregular in such a way as to make the proposal indefinite or ambiguous.
- The Vendor is debarred or suspended.

### **4. Addenda to this RFP**

UM Cap Region may need to issue one or more addendum related to this RFP. Such addenda shall be added to the original RFP document and resent to the contact who received the original RFP.

**5. Right to Withhold Awarding of Contract**

UM Cap Region reserves the right not to make an award of this contract.

**6. Final Contract**

UM Cap Region shall not be responsible for work done, even in good faith, prior to UM Cap Region’s execution of final contract. UM Cap Region will present a draft agreement to the Vendor, in UM Cap Region’s template, in the negotiation phase following the RFP.

**7. Contract Invalidation**

If any provision of this contract is found to be invalid, such invalidation will not be construed to invalidate the entire contract.

**8. Immunity from Liability**

Every person who is a party to this agreement is hereby notified and agrees that UM Cap Region is immune from liability for or from the Vendor’s activities involving third parties and arising from any contract resulting from this RFP.

**9. Prevailing Law**

The terms and provisions of this RFP, and any ensuing contract, shall be governed by and construed in accordance with the law of the State of Maryland.

**10. Submission of Proposals**

Interested vendors should submit their intention to submit a proposal by email to the individual named above.

All documentation submitted shall become the property of UM Cap Region upon receipt. RFP responses will not be returned.

Response may be submitted electronically in PDF format. Note however the firewall limits attachments to 19,500 MB. If an alternative is needed due to file size restrictions, contact UMCAPBHURFP@umm.edu to request this accommodation.

The complete submission package is to be received no later than 5:00 PM, September 20<sup>th</sup>, 2024.

electronically to: UMCAPBHURFP@umm.edu

**11. Presentation Accuracy and Format**

Proposals must be typewritten, clear, concise and complete. The Proposal Checklist must be completed and signed (page two (2) of this document).

Throughout the document are sections requiring “Vendor's Response.” These areas are marked in the text with this symbol ➡.

**12. Signature/Consent**

By signing this RFP, Vendor agrees to comply with all of the terms and conditions herein. An authorized representative of the Vendor must sign all RFP copies submitted in ink. Vendor is required to represent and warrant that all the information provided by Vendor in the response to the RFP is accurate and complete.

### 13. Timetable

Step in Process	Date(s)
Issue RFP	08/02/2024
Pre-response virtual meeting	08/05/2024 – 08/23/2024
Bidder questions due to UMCAP Region	08/16/2024
Responses to questions due to Bidders	08/28/2024
RFP submissions due	09/20/2024
In-person interviews	10/07/2024 – 10/18/2024
Vendor selection(s)	11/01/2024
Vendor notifications of decision	11/08/2024
Contract finalization	12/26/2024

### 14. Contract Award

UM Cap Region may award a contract or contracts to the most responsive and responsible Vendor(s) whose proposal, conforming to the terms of this RFP, will be most advantageous to UM Cap Region.

UM Cap Region may elect at its option to:

- Reject any or all proposals.
- Accept a proposal based not solely on the lowest cost.
- Waive at its option, informalities and minor irregularities in proposals as received.

UM Cap Region reserves the right to change the terms and conditions, or product specifications of the RFP. Any revisions will be communicated via email to the Vendor's designated representative.

All Vendors who submit a bid response will be notified of the award selection.

### 15. Cancellation

UM Cap Region reserves the right to cancel this RFP at any time by providing notice.

### 16. Confidentiality Statement

UM Cap Region and Vendor agree that this RFP and all responses hereto (including any Exhibits and Appendices) are confidential. UM Cap Region and Vendor agree to keep the terms and conditions of this RFP and the responses thereto confidential. This provision does not apply to information that is previously known to UM Cap Region or Vendor, or information that is publicly disclosed either prior or subsequent to the disclosures of such information by one party to the other party.

## **SECTION III: Background and Service Requirements**

### **1. Background**

University of Maryland Capital Region Health was established in September 2017 upon the formal affiliation of University of Maryland Medical System (UMMS) and the former Dimensions Health System. As the largest, not-for-profit healthcare provider in Prince George's County and as a part of the University of Maryland Medical System, UM Cap Region operates the University of Maryland Capital Region Medical Center (UM Cap Region Medical Center) in Largo, the University of Maryland Laurel Medical Center (UM LMC), the University of Maryland Bowie Health Center (UM BHC), and the University of Maryland Capital Region Health Medical Group (UM Cap MG).

UM Cap Region Medical Center is a brand new, state-of-the art 217-bed acute care teaching facility in Largo, MD that opened in June 2021. Prior to June 2021, UM Cap Region operated a 246-bed facility medical center, in Cheverly, MD. UM Cap Region Medical Center is comprised of a Level II Trauma Center, 41 ED treatment bays, 28-bed psychiatric unit, 8 ORs and several procedural suites for Endo, IR, Cath Lab. It has approximately 40,000 ED visits and 10,000 admissions, and 2,250 births per year. UM Cap Region Medical Center is a teaching facility, with 48 Internal Medicine and Family Medicine residents.

UM Laurel Medical Center is a freestanding medical facility (FMF) with an ED, Observation Unit, regulated ambulatory surgery center; with outpatient clinics, and partial hospitalization behavioral health programs. UM LMC has approximately 22,000 ED visits per year. UM Bowie Health Center is also a FMF. UM BHC has approximately 24,000 ED visits per year.

UM Capital Region Health Medical Group ("UM Cap MG") treats the entire family. UM Cap MG operates primary care, women's services, neurology, pulmonology, cardiac and vascular, trauma and orthopedic clinics at six locations in Largo, Cheverly, Laurel, Suitland, National Harbor and Bowie.

University of Maryland School of Medicine (UM SOM) is a robust partner to UM Cap Region, and its faculty direct several UM Cap Region clinical programs, including critical care, emergency medicine, neonatology, orthopedics, vascular, cardiology, and the State's second busiest Trauma Center (Level II). Complementary, non-UM SOM medical staff (employed and not-employed) direct programs such as surgical services, anesthesia, women services, pulmonary, gastroenterology, nephrology and other subspecialties.

## 2. Capital Region Medical Center Data

<b>FY24 UM CAP Region Medical Center Admissions Volume and Patient Days by Month</b>		
<b>Month</b>	<b>Psych Unit Volume</b>	<b>Psych Unit Patient Days</b>
Jul	137	721
Aug	107	686
Sep	105	668
Oct	119	723
Nov	126	765
Dec	95	735
Jan	91	775
Feb	113	705
Mar	118	733
Apr	108	667
May	105	782
Jun	123	752
<b>Total</b>	<b>1347</b>	<b>8712</b>

<b>FY24 Outpatient Volume</b>	
<b>PHP and IOP Visits</b>	<b>1,719</b>
Laurel Medical Center Partial Hosp Psych (PHP) Visits	1,016
Laurel Medical Center Partial IOP Visits	703
<b>Emergency Department Visits with Psych Consult</b>	<b>1,316</b>
UM Cap Medical Center Emergency Department	728
Laurel Medical Center Emergency Department	551
Bowie Health Center Emergency Department	37
<b>Assessment and Stabilization Center (ASC)</b>	<b>232</b>

<b>FY24 Psychiatry Service Line Payer Mix (%)</b>			
<b>Payer Category</b>	<b>Total Payer Mix</b>	<b>Inpatient Payer Mix</b>	<b>Outpatient Payer Mix</b>
Medicare	22%	23%	9%
Commercial	16%	16%	13%
Medicaid	50%	50%	53%
Other	8%	8%	8%
Self-Pay	4%	4%	16%



FY24 UM Cap Region Psych Admissions by Primary Diagnosis		
Primary Diagnosis	Hospital Admissions	% of Admissions
Schizoaffective disorder, bipolar type( ICD-10-CM: F25.0 )	282	21.9
Paranoid schizophrenia( ICD-10-CM: F20.0 )	246	19.1
Bipolar disorder, current episode manic severe with psychotic features( ICD-10-CM: F31.2 )	152	11.8
Major depressive disorder, recurrent severe without psychotic features( ICD-10-CM: F33.2 )	99	7.7
Major depressive disorder, recurrent, severe with psychotic symptoms( ICD-10-CM: F33.3 )	99	7.7
Bipolar disorder, current episode manic without psychotic features, severe( ICD-10-CM: F31.13 )	58	4.5
Bipolar disorder, current episode depressed, severe, without psychotic features( ICD-10-CM: F31.4 )	46	3.6
Bipolar disorder, current episode depressed, severe, with psychotic features( ICD-10-CM: F31.5 )	43	3.3
Bipolar disorder, unspecified( ICD-10-CM: F31.9 )	30	2.3
Schizoaffective disorder, depressive type( ICD-10-CM: F25.1 )	27	2.1
Major depressive disorder, single episode, severe without psychotic features( ICD-10-CM: F32.2 )	18	1.4
Bipolar disorder, current episode mixed, severe, with psychotic features( ICD-10-CM: F31.64 )	16	1.2
Brief psychotic disorder( ICD-10-CM: F23 )	16	1.2
Bipolar disorder, current episode depressed, mild or moderate severity, unspecified( ICD-10-CM: F31.30 )	15	1.2
Bipolar disorder, current episode manic without psychotic features, unspecified( ICD-10-CM: F31.10 )	15	1.2
Unspecified psychosis not due to a substance or known physiological condition( ICD-10-CM: F29 )	14	1.1
Major depressive disorder, single episode, unspecified( ICD-10-CM: F32.9 )	9	0.7
Bipolar disorder, current episode mixed, severe, without psychotic features( ICD-10-CM: F31.63 )	8	0.6
Major depressive disorder, single episode, severe with psychotic features( ICD-10-CM: F32.3 )	6	0.5
Alzheimer's disease, unspecified( ICD-10-CM: G30.9 )	4	0.3
Bipolar II disorder( ICD-10-CM: F31.81 )	4	0.3
Major depressive disorder, recurrent, unspecified( ICD-10-CM: F33.9 )	4	0.3
Other bipolar disorder( ICD-10-CM: F31.89 )	4	0.3
Disorganized schizophrenia( ICD-10-CM: F20.1 )	3	0.2
Schizoaffective disorder, unspecified( ICD-10-CM: F25.9 )	3	0.2
None of the above	64	5.0

## **SECTION IV: Service Requirements**

### **1. Overview**

UM Cap Region is soliciting proposals from Behavioral Health Service Groups that can provide 24/7 behavioral health services for 28 voluntary and involuntary adult inpatients at the Largo acute care hospital, and an IOP and PHP program at both the Largo and Laurel Campuses. Since we are a teaching institution, the Vendor would be required to work with our Internal Medicine and/or Family Medicine residents (current cohort ~50 residents).

In addition to the above, there is a psychiatric emergency department at Largo that functions in concert with the emergency department and the behavioral health unit, with the capacity for 7 patients at the Largo Campus. There is currently an unused ASC at the Laurel FMF. If that unit is opened, Vendor would need to staff that unit as necessary.

### **2. Provider Coverage**

Please describe how the Vendor proposes to provide behavioral health coverage and services to UM Cap Medical Center 24x7x365. Include relationships with any sub-contractors (locums or otherwise) that would be providing services and why they would be engaged. What is the anticipated time for use of locums to deliver service?

Please incorporate how remote services and/or telehealth will be used, if any, in the provision of these services.

Please present a complete proposed staffing plan, along with an articulation of what advantages your organization has in its ability to recruit quality team members.

Vendor's Response 🏹:

### **3. Teaching Service**

Please describe how the Vendor proposes to provide teaching services:

- Quarterly In-Service (Intra Department)
- GME/Resident In-Service
- Medical Group In-Service

Vendor's Response 🏹:

### **4. Administrative Structure**

Please describe the administrative structure Vendor deploys to support psychiatric hospital services on a 24-hour onsite basis.

Vendor's Response 🏹:

### **5. Philosophy of Care**

Describe your organization's philosophy of care, explaining your approach to providing highest quality and safe care. Include examples of clinical and operational protocols used, and clinical codes of conduct that are standardized.

Describe how your organization addresses clinical issues that arise within the psychiatric group practice and arise within collaborations and partnerships with subspecialists. Provide concrete examples.

Describe training requirements and ongoing training regimens of your team.

Vendor's Response 📩:

## **6. Quality Assurance**

Describe your organization's approach towards ensuring quality. Describe how quality issues are addressed, tracked, reported and communicated with the hospital.

In the event of a quality issue with an identified provider, describe the process to address and/or remove the provider from the hospital practice. Please describe any potential impact to the level of service for the hospital as a result of this process.

Please provide an example of internal and external surveys or audits conducted to ensure continuous quality improvement.

Vendor's Response 📩:

## **7. Key Performance Indicators**

Describe key performance indicators your organization tracks to manage daily, weekly, monthly, quarterly quality and operational performance. Please provide representative examples, with all patient identification removed:

Vendor's Response 📩:

## **8. Subspecialty Partnerships**

Describe how your providers work with a medicine team, particularly emergency department providers, and other interdisciplinary providers e.g. internal medicine.

Describe your providers' typical assessment and admitting process and flow, including your process for management of Emergency Petitions, 72 hour holds, and Involuntary Hearings.

Vendor's Response 📩:

## **9. Additional Services**

Describe in detail and list associated costs for additional/optional services available, if any to UM Cap Region, but not necessarily addressed in this RFP. UM Cap Region shall determine which additional service options shall be most beneficial from both a cost and service standpoint, and may further negotiate these options to include or omit dependent on the needs of UM Cap Region.

Vendor's Response 📩:

## **10. Equity, Diversity and Inclusion**

Customer supports, encourages and facilitates the provision of opportunities to small diverse businesses as a means of strengthening the economic climate of the communities which it services. Vendors are asked to self-identify if they are a local business, a minority-owned business, woman-owned enterprise, or disadvantaged business. For each commodity or service acquired by Vendor through subcontractors or suppliers for sale to Customer hereunder, Vendor is encouraged to make a concerted effort to select subcontractors and suppliers which are local, minority-owned, woman-owned, or disadvantaged businesses. Evidence of commitment to purchasing from, subcontracting to, and the employment of minorities, women, physically disabled and/or disadvantaged individuals will be reviewed for future business arrangements with Vendor.

Describe if and how your organization sets specific standards or provides concrete training to providers on how to mitigate and address health inequity in patient populations.

Please describe your organization's equity, diversity and inclusion vision, approach and experience.

Vendor's Response 📩:

## **11. Start-up Phase and Approach**

Please provide a timeline and requirements of the start-up phase prior to entering normal operations.

Vendor's Response 📩:

## **12. Operational Support**

Describe any operational support that will be requested of UM Cap Region such as space requirements, human resource requirements, technology requirements.

Please delineate resource requirements needed during start-up phase (leading up to go-live), and stabilized phase (normal operations).

Vendor's Response 📩:

## **13. Governance Model**

Describe the Vendor's internal governance model and proposed joint operating governance model. Please provide specific examples based on partnerships at similar healthcare systems.

If a medical director is proposed, describe the medical director's duties and responsibilities.

Vendor's Response 📩:

## **14. Financial Considerations**

Describe the financial terms and conditions of this proposal. Provide any proposed subsidy amounts, structure and justification (if applicable).

Provide a description of the Vendor's capabilities with professional billing services. Describe the operations of the billing and collection function (including compliant resolution and interaction with the hospital).

Will billing be outsourced in your proposal? If so, what is your experience with the outsourced service? Provide the name and contact information for the proposed billing service.

Describe your malpractice insurance program, including coverage level, provisions for tail coverage and carrier information. Are the annual premium and tail coverage paid by the organization or individual provider?

Vendor's Response 📩:

### **15. Information Technology**

Describe your information technology requirements, including but not limited to hardware, software, network, telecom needs.

UM Cap Region is an Epic shop. Please describe any barriers to providers learning and using Epic as the EMR.

Vendor's Response 📩:

### **16. Vendor Qualification**

Please demonstrate whether the Vendor is capable of performing services requested in this RFP by providing examples of Vendor delivering services of similar scope and type to other health care systems.

Specifically, please share evidence that the Vendor has been engaged for at least the past five (5) years in providing services as listed in this RFP.

Provide your organization's current leadership structure, titles and background.

List professional qualifications for each individual that would be assigned to provide services requested by this RFP, including any applicable degrees, additional applicable training, professional certifications/licensing.

Provide a list of all contracts where your Group currently provides services in Maryland, Washington DC, Virginia, Pennsylvania or Delaware.

Provide a list of all hospital contract(s) you have won in the last 24 months, and/or you have terminated in the last 24 months.

Provide evidence that your organization is fully insured and a Maryland licensed organization.

Please list any current violations or claims against your organization and those having occurred in the past five (5) years.

Vendor's Response 📩:

**17. Vendor's References (Other Comparable Health System Customers)**

Provide three (3) references for current or previous healthcare clients for whom you provided similar services within the last three (3) years.

Reference list must minimally provide the following information:



NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**SECTION V: Evaluation Criteria**

**1. Bid Evaluation Criteria**

The evaluation shall be based on the numerical weights set below.

The evaluation committee will select specific Vendors to conduct in-person interviews. In preparation for the in-person meetings, the selection committee will notify the selected Vendors of interview dates and times. The Vendor interview is a prerequisite for selection.

Qualification criteria and numeric weights:

- Quality and Safety (30 points)
- Staffing (40 points)
- Efficiency (30 points)