

**Request for Proposals for Residential Treatment for Eating Disorders for Adults and/or Adolescents.**

**Title of Opportunity:** Residential Treatment Facility for Eating Disorders

**Application Due Date:** Applications will be accepted and approved on a rolling basis until March 1, 2022

**BHA Point of Contact:** Susan Steinberg at [Bha.Licensing@Maryland.gov](mailto:Bha.Licensing@Maryland.gov)

**Period of Performance-** Pilot Project for 4 years expiring December 31, 2025. Project will be reviewed to determine if license classification should be created.

**Funding Amount:** No state or federal funding available.

**I. INTRODUCTION AND BACKGROUND**

The Behavioral Health Administration (BHA) of the Maryland Department of Health (the “Department”) is seeking proposals for the provision of residential treatment for eating disorders for adolescents and adults. The BHA will award no more than three (3) programs an exemption from licensure pursuant to COMAR 10.63 and designate said programs as pilot projects expiring December 31, 2025, unless extended by BHA. During the pilot project, the programs will be reviewed for efficacy and financial stability. If the pilot finds residential treatment for eating disorders an effective treatment modality, the BHA will promulgate regulations permitting licensure under COMAR 10.63. **There is no State or Federal funding attached to this Pilot Project. BHA and the Department will not be a referral source for the programs. BHA and the Department make no assurances regarding the demand for the service.** Approval as a Pilot Project may not be used as an endorsement by BHA or the Department of the program. The Programs must support health and wellness for all individuals regardless of race, ethnicity, gender, sexual orientation, or geographical location who have an eating disorder.

Eating disorders are serious but treatable mental and physical illnesses that can affect people of all genders, ages, races, religions, ethnicities, sexual orientation, body shapes and weights. It is estimated that 20 million women and 10 million men in America will have an eating disorder at some point in their lives. The disorder may affect an individual’s physical and mental health and can be life-threatening. Treatment may include a combination of psychological therapy (psychotherapy), nutrition education, medical monitoring, and psychiatric consultation and/or medication monitoring. Residential treatment where the individual may be observed 24/7, have meals monitored and intensive clinical services is one treatment modality. Programs including evidence-based interventions such as, but not limited to, Motivational Interviewing, Interpersonal Psychotherapy, Trauma Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Eye Movement Desensitization and Reprocessing will be given preference. Presently, BHA and the Department lacks a licensure category for the level of 24/7 residential and clinical services necessary to serve this population.

The contract between the parties will consist of this RFP, the Provider's proposal, and any clarifications.

## **II. ELIGIBILITY CRITERIA**

1. Eligible entities must be in good standing with the Maryland Department of Assessments and Taxation
2. The Entity must have accreditation to provide a residential eating disorder program for the populations it serves or must obtain preliminary approval within 6 months of operation and full approval within 1 year of operation. Full accreditation must remain throughout the pilot project approval period. Loss of accreditation will result in immediate loss of pilot project approval status.
3. The program must be physically located within the State of Maryland.

## **III. PROGRAM REQUIREMENTS**

### **A. The Programs granted Pilot Project approval must:**

1. Be accredited and in good standing with an accreditation organization approved by the Secretary of the Department under Health-General Article, §19-2302, Ann. Code of MD to provide residential clinical mental health treatment and outpatient/community mental health treatment.
2. Attest that the Program nor its owners or officers of the program has not had a license or approval revoked by the Department or other licensing agency, or surrendered or defaulted on its license or other approval for reasons related to disciplinary action within the previous 10 years
3. Agree that the Department or its designees may make announced or unannounced visits to inspect a program or to investigate a complaint, and may inspect and copy records, including but limited to:
  - a. Financial records
  - b. Treatment records; and
  - c. Service records.
4. Conduct criminal background investigations on its staff, contractors, and volunteers.
  - a. An individual may not be hired as an employee, contractor, or volunteer:
    - (i) For a program serving participants younger than 18 years old, if the individual has been convicted at any time of child abuse or child sexual abuse; or
    - (ii) For a program serving participants 18 years old or older, if the individual has been convicted at any time of abuse or neglect of a vulnerable adult.

- b. Comply with Criminal Background Investigation requirements as set forth in COMAR 10.63.01.05 C.
- 5. Comply with all applicable federal and State laws and regulations, including, but not limited to, the following:
  - a. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and regulations implementing the statute, as amended.
  - b. Federal Regulations on Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, as amended.
  - c. State confidentiality statutes and regulations, including:
    - (i) Health-General Article, §4-301, et seq., Annotated Code of Maryland, as amended; and
    - (ii) General Provisions Article, §4-101, et seq., as amended;
    - (iii) The Americans with Disabilities Act, 42 U.S.C. §12101
- 6. Have an Agreement to Cooperate with the Core Service Agency or Local Behavioral Health Authority in the jurisdiction where the program is located.
  - a. Before applying for licensure, a program shall enter into an agreement to cooperate with the CSA, LAA, or LBHA that operates in the relevant county or Baltimore City.
  - b. The agreement to cooperate shall provide for coordination and cooperation between the parties in carrying out behavioral health activities in the jurisdiction, including but not limited to facilitating:
    - (i) A complaint investigation; and
    - (ii) The transition of services if:
      - (a) The program closes; or
      - (b) A program discontinues a service.
- 7. If serving minors, must comply with all state and local requirements regarding the provision of education to a minor. Must consult with Maryland State Department of Education and Local Board of Education regarding educational requirements.
- 8. Be in compliance with the following regulations during the period of the pilot project.
  - a. 10.63.06.09 Sale or Transfer to Provide Community- Based Behavioral Health Services
  - b. 10.63.06.10 Discontinuation of Program Operations
  - c. 10.63.04.07
  - d. 10.63.06.11 Summary Suspension- The Department may take action for violation of any applicable regulation or any violation of this Proposal.

- e. 10.63.06.12 Notice of Deficiencies
- f. 10.63.06.13 License Revocation
- g. 10.63.06.14 Intermediate Sanctions
- h. 10.63.06.15 Directed Plan of Care
- i. 10.63.06.16 Settlement Agreement
- j. 10.07.16 .01 – 04 with the exception that adolescents may be admitted.
- K. 10.07.16.09- .23

**B. The Programs granted Pilot Project approval must be staffed as follows:**

- 1. Required Staff. The facility director shall ensure that the facility's staff is sufficient in numbers and qualifications to provide clinically appropriate services and supervision to the individuals served and includes, at a minimum:
  - (a) A facility director that is responsible for the programmatic and administrative services of the facility under the direction of the governing body;
  - (b) A clinical director who:
    - (i) Is a psychiatrist, or psychologist or psychiatric nurse practitioner who receives medical supervision by a psychiatrist; and
    - (ii) Has overall responsibility for clinical services, including, at a minimum:
      - (i) Establishing and maintaining appropriate standards for diagnosis and treatment, including therapeutic modalities and prescribing practices;
      - (ii) Medical aspects of quality management; and
      - (iii) Ensuring adequate clinical supervision of treatment staff;
  - (3) A multidisciplinary licensed mental health professional staff that providers evaluation and treatment services;
  - (4) A licensed nurse to provide for medication management, treatments, and other health care needs;
  - (5) Other direct care employees to provide for the treatment and monitoring of residents as required by the resident's individual treatment plan;
  - (6) A physician to provide somatic medical services as required by the clients;

(7) If serving adolescents, a psychiatrist board certified in child and adolescent psychiatry; and

(7) Maintenance and housekeeping staff who are trained and qualified to provide a well-maintained, safe, and sanitary environment for residents served by the program.

B. Staff Training. Before providing services to residents, staff shall receive orientation and annual training as designated by the facility service plan including, at a minimum, training in:

(1) Crisis intervention and de-escalation techniques;

(2) Suicide prevention, including but not limited to identification of warning signs and symptoms;

(3) The facility's disaster and fire safety plan;

(4) First aid, CPR, and emergency medical procedures; and

(5) Individual rights, as set forth in Health-General Article, Title 10, Subtitle 7, Annotated Code of Maryland.

C. Dietary Services: The facility shall ensure sufficient numbers of trained and qualified staff to meet the nutritional needs of residents served by the facility.

(1.) A facility's dietary services shall be licensed by the local health department and comply with the requirements of COMAR 10.15.03

D. Critical Incident Reports. A licensed program shall report all critical incidents to the Department, or its designee, within 5 calendar days following the program receiving knowledge of the incident, on the form required by the Department.

#### **IV. PROPOSAL SUBMISSION GUIDELINES:**

A. Proposals shall be submitted by a representative of the entity legally authorized to make binding commitments on behalf of the entity and must include the following:

**1. Proposals are to be submitted electronically to [BHA.Licensing@Maryland.gov](mailto:BHA.Licensing@Maryland.gov). In subject line, state “Pilot Project” and name of program.** A copy of the submission should be sent to the Local Behavioral Health Authority or Core Service Agency for the county where the program will be located. Some email systems prohibit the sending or receiving of large files, thus applicant may need to split the files into multiple emails. Proposals submitted after the closing date will not be considered. It is recommend that a separate email be sent with no attachments to [SusanR.Steinberg@Maryland.gov](mailto:SusanR.Steinberg@Maryland.gov) to request confirmation that the proposal was received.

**All proprietary material should be clearly identified as such.**

2. Proposals are not to exceed 20 single-spaced pages using twelve (12) point Times New Roman Font. Attachments such as copy of Use and Occupancy certificate will not count towards the page limit.
3. Responses must be ordered and answered to match the evaluation criterion listed below.
  - a. Project narrative, including description of treatment program.
  - b. Provider Organization Information: Name, address, main telephone number
  - c. Organization Point of Contact: Name, position, address, email address, telephone number
  - d. Location of proposed treatment facility: address, county
  - e. Copy of Use and Occupancy and Fire Inspection Report.
  - f. Copy of the Agreement to Cooperate with Local Mental Health/Behavioral Health Authority.
  - g. How many clients do you anticipate serving? Number of beds. Target Population - Adults/Adolescents.
  - h. Project narrative, including description of program, philosophy, admission criteria, population to be served, layout of facility, staffing (medical/clinical, ancillary (food service, facility support, education), services to be offered, nutrition services, living quarters, supervision in the residences, life safety and resident safety and security protocols, organizational chart/staffing description and address items in Program Requirements listed above.
  - i. Copy of approval from Accreditation Agency, or of pending survey.
  - j. Description of provider expertise and organizational capacity to provide residential eating disorder treatment services. Do you operate a similar program in another jurisdiction? If yes, name of facility and location, copy of most recent accreditation report.
  - k. Do you operate other behavioral health programs in Maryland? If yes, name of program, location.
  - l. Identification of performance and outcome indicators to be used to evaluate the program's effectiveness, including a description of the expected schedule for measuring performance and outcomes.
  - m. An attestation that the Program agrees to comply with all applicable state and federal statutes and regulations, and to the requirements set forth in this Request for Proposals.

## **V. Approval**

The term of each approval of the Pilot Project status resulting from this award will be for a period through December 31, 2025. At which time, the BHA may choose to extend the Pilot Project status, promulgate regulations for a licensure category for residential eating disorder treatment, or terminate the Pilot Project. If BHA is terminating the Pilot Project without promulgating regulations for licensure for residential eating disorder treatment, the BHA will give the Providers eight (8) months' notice for closure of the programs.

Submission of a proposal does not, in any way, guarantee an approval. MDH-BHA is not responsible for any costs incurred related to the preparation of a proposal in response to this RFP.

MDH-BHA will select qualified and responsive applicant(s) through this RFP Process. Applications will be reviewed and approved accordingly in the order that they are received.

For all matters concerning this Request for Proposals, contact:

Susan R. Steinberg  
Behavioral Health Administration  
Office of Managed Care and Quality Improvement  
Email: [SusanR.Steinberg@Maryland.gov](mailto:SusanR.Steinberg@Maryland.gov)

## **VI. CLOSING DATE AND TIME**

Proposals shall be emailed no later than 4:00 pm, March 1, 2022. Proposals will be reviewed within 21 days of receipt and a response provided as to whether the Pilot Project is accepted or if additional information/documentation is required.

D. The BHA reserves the right to rescind the RFP at any time, and not accept any new Proposals.