



1001 E. Fayette Street
Baltimore, Maryland 21202
Brandon M. Scott, Mayor
Letitia Dzirasa, M.D., Commissioner of Health

**City of Baltimore
Baltimore City Health Department**

**Request for Proposals
Increase Linkages for Baltimore Regional Area Mothers Through ePRA Expansion
City of Baltimore, Maryland**

**ALL RESPONSES ARE DUE NOT LATER THAN 4 PM, THURSDAY
March 25th, 2021**

QUESTIONS CONCERNING THIS REQUEST FOR PROPOSALS SHOULD BE DIRECTED TO

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Section A: General Information

A.1 Introduction

The Baltimore City Health Department (BCHD) invites proposals from qualified consultants to complete an expansion of the electronic Prenatal Risk Assessment (ePRA) pilot project to Baltimore and Anne Arundel Counties.

Care coordination during pregnancy improves maternal and infant health outcomes and reduces maternal and infant mortality. It is especially critical for mothers with psychosocial risks, including substance use disorder. The PRA is key to connecting pregnant women to care coordination services. Maryland Medicaid mandates that the form is completed for every Medicaid and Medicaid-eligible patient during the first prenatal visit. Submitting the form triggers a series of triaging events, both at Healthcare Access Maryland, which serves as the Administrative Care Coordination Unit (ACCU) for Baltimore City providing care coordination to pregnant and postpartum women and infants, and at the patient's managed care organization (MCO), which monitors the care plan and may offer services like high-risk OB case management. However, the PRA submission rate is only approximately 65%. This results in missed opportunities for linkages to services and supports that improve health and prevent infant mortality. Feedback from prenatal clinic staff has noted that the process to complete the PRA is cumbersome as it is paper-based.

The ePRA pilot project in Baltimore City has made the PRA an electronic document and integrated it into the prenatal care provider's electronic health record. The goal of this initiative is to expand the ePRA pilot project to the surrounding counties, ultimately creating a set of tools for any Maryland county to adopt the ePRA and create efficiencies, increasing the PRA submission rate and improving linkages to services for pregnant women.

The consultant will provide services between April 2021 and June 2021, with the possibility of second- and third-year extensions.

A.2 Eligibility

Eligible applicants include public or private entities such as: government agencies, nonprofit health education organizations, community-based organizations, churches and faith-based organizations, outpatient and inpatient hospital services, community health centers, substance abuse and mental health agencies, family planning and prenatal care clinics, individuals, national organizations, and private for-profit entities. Applicants should have relevant work experience and the ability to meet all project deliverables. Applicants must have and provide documentation of professional liability insurance.

A.3 Scope of Services

The consultant's scope consists of three tasks:

- 1) Documenting existing referral workflows from prenatal care clinics to the counties' ACCUs to the patients' MCOs and, when applicable, to substance use treatment providers
- 2) Assessing capacity and readiness to expand the Maryland Prenatal Risk Assessment Form electronically

3) Expanding the number of healthcare providers who send the Maryland Prenatal Risk Assessment form electronically

As part of the initiative, the Maryland Department of Health will conduct a survey and assessment of all the ACCUs to understand their workflows and how MPRA are received as well as a landscape of major healthcare providers who complete and submit MPRA. This will inform the work of the consultant.

For the purposes of this project, the Baltimore region includes Baltimore City, Baltimore County, and Anne Arundel County Health Departments. This initiative is a collaborative effort between the Baltimore City Health Department and the Maryland Department of Health (MDH), in partnership with the Baltimore County Health Department and Anne Arundel County Health Department, as well as the clinical providers in those jurisdictions.

The major activities are as follows:

- Develop a work plan for expanding the ePRA into the Baltimore regional partners, with input from the Anne Arundel County Health Department and the Baltimore County Health Department
- Document the ACCU workflows within the Anne Arundel County Health Department and Baltimore County Health Department, with emphasis on how clients with substance use disorder are referred for treatment
- Assess the needs of Anne Arundel County and Baltimore County from the MDH survey results and the consultants' informal interviews to expand the ePRA in the Baltimore region
- Coordinate outreach with major regional providers in Anne Arundel and Baltimore Counties to move them toward piloting the ePRA and assess their needs and readiness for beginning to pilot the ePRA
- Develop a readiness and implementation toolkit for healthcare providers and the ACCU
 - HealthCare Provider Toolkit
 - Background and importance of the Maryland Prenatal Risk Assessment (MPRA) in linkage-to-care coordination
 - Information about what happens to the MPRA once received by the ACCU
 - Depending on the electronic medical record, information about accessing already smart forms created through previous piloting in Baltimore City
 - Considerations for implementation and lessons learned from Baltimore City
 - ACCU Toolkit
 - Background and importance of the MPRA in Linkage to Care
 - Information and tips on how to centralize the ACCU as the centralized intake system and coordinate with other MCH programs such as Babies Born Healthy or Home Visiting
 - Considerations for implementation and lessons learned from Baltimore City
- Identify and provide support and technical assistance to the health care providers and clinics selected to pilot the ePRA

- Document the workflows with clinics piloting the ePRA (both their paper-based PRA workflow and the ePRA workflow)
- Document the workflows of the ACCUs (both their paper-based PRA workflow and the ePRA workflow)
- Conduct monthly meetings with BCHD, MDH Bureau of Maternal and Child Health, Maryland Medicaid, and Anne Arundel County and Baltimore County partners.
- Assess the needs of all counties participating in the MDH survey for the entire state and provide a report of recommendations to MDH to facilitate additional ePRA expansion across the state, based on lessons learned from the pilots in Baltimore City, Anne Arundel County, and Baltimore County

Deliverables

- Documented workflows from clinical practices, prior to and after the piloting of the ePRA
- Documented workflows of the ACCUs with Baltimore County Health Department and Anne Arundel Health Department, prior to and after the piloting of the ePRA
- Readiness and Implementation Toolkit for HealthCare Providers
- Readiness and Implementation Toolkit for the ACCUs
- Two major clinical practices in Baltimore County completing and sending PRAs electronically by 6/30/22
- Two major clinical practices in Anne Arundel County completing and sending PRAs electronically by 6/30/22
- Recommendations for statewide ePRA scale-up

Proposed Project Schedule

RFP Distributed	March 15, 2021
Proposals Due	March 25, 2021
Award Date	March 31, 2021
Tentative Start Date	April 28, 2021

A.4 Awards

For Fiscal Year 2021 (July 1, 2020-June 30, 2021), approximately \$35,190 will be available. Contingent on eligibility of funds for Fiscal Year 2022 (July 1, 2021-June 30, 2022), approximately \$112,200 will be available. Contingent on eligibility of funds for Fiscal Year 2023 (July 1, 2022-June 30, 2023), approximately \$22,000 will be available.

Baltimore City Health Department reserves the right to increase or decrease any award as a result of any changes in the Maryland Department of Health award to Baltimore City.

An award from a previous year does not automatically qualify any vendor for a grant award in the next annual grant cycle. All subsequent grant awards will be based upon completion of the previous year’s performance measures.

Grant funds are available only for the activities and performance measures in the application submitted by the Baltimore City Health Department and approved by the Maryland Department of Health. Payments to the vendor are based on attainment of performance

measures as demonstrated by quarterly reporting of those measures to BCHD. Incomplete attainment and/or reporting of performance measures may result in delayed payment to vendors.

A.5 Period of Grant Award Payment

Grantees may apply for three years of funding for Fiscal Years 2021, 2022, and 2023, defined as July 1 through June 30. Second-year and third-year funding will be contingent upon funding availability.

Section B: Application Process

B.1 Format

Applications must be typed, double-spaced, and single-sided.

Applications must include the following:

- Part 1: Cover Sheet
- Part 2: Project Narrative (limit to 3 pages)
- Part 3: Project Goals and Objectives (limit 2 pages)
- Part 4: Budget
- Part 5: Budget Narrative
- Part 6: Professional Liability Insurance

Applications that do not follow this format will not be considered for funding.

B.2 Contents of the Application

- 1) Cover Sheet
- 2) Project Narrative: the project narrative should include:
 - a) Scope of Work
 - b) Organizational information
 - c) Staffing plan: including CVs of all proposed staff
- 3) Goals and objectives: the goals and objectives should take into consideration MDH's initiative goals, outcomes, and deliverables as outlined in the Scope of Services, section A.3
- 4) Budget: the budget must include hourly rates
- 5) Budget Narrative: the budget narrative should include a line item for each expense presented in the budget
- 6) Professional Liability Insurance: Please include a copy of proof of professional liability insurance for contracting purposes

B.3 Application Submission

Applicants must submit applications no later than 4:30 p.m. on March 25, 2021. Applications received after this date will not be considered.

Applications can be emailed to Amy Secrist, Prenatal to Three Project Coordinator, Maternal and Child Health, at Amy.Secrist@baltimorecity.gov

Section C: Application Selection

C.1 Selection Process

In support of an objective and competitive process, a review panel will rank each proposal according to the criteria in Section C.2. The review panel will independently review and score each proposal. The panel will meet as a group to assess each proposal. Each proposal will be discussed and final recommendations made. BCHD will make the final decision. Funding of the proposal is dependent on receipt of funds from MDH.

C.2 Selection Criteria

Applications will be evaluated using the following rubric and scoring criteria:

Criteria	Description	Weight
Expertise	Technical expertise, size, and structure of the applicant and personnel assigned to RFP tasks; applicant's ability to perform and complete the work.	30%
Skill and Experience	Past experience of the consultant and of the proposed team working on projects of similar scope.	20%
Approach	Responsiveness of the proposal, based upon a clear understanding of the work to be performed.	40%
Cost		10%
	Total	100%

C.3 Selection Notification

Applicants will be informed of the status of their proposal in writing by March 31, 2021. Once an organization's grant application has been approved, the Baltimore City Health Department will issue an award letter. It will contain requirements for documents to be submitted prior to initiating a contract. The vendor will receive instructions from the Office of Fiscal and Grants Management concerning a final budget and disbursement of checks. The Program Compliance Officer will help prepare the scope of services and the agreement process. Grantees will be notified of approval of funding and the agreement term.