



OFFICE OF PROCUREMENT

Marc Elrich
County Executive

Avinash G. Shetty
Director

SOLICITATION AMENDMENT #2
Open Solicitation #1138470
February 23, 2024

PAGE 1 of 2 FOR THE PROCUREMENT OF: Psychiatric Support Services

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ALL SOLICITATION AMENDMENTS MUST BE ACKNOWLEDGED BY THE OFFEROR PRIOR TO THE HOUR AND DATE SPECIFIED IN THE SOLICITATION FOR RECEIPT OF OFFERS. FAILURE TO ACKNOWLEDGE AN AMENDMENT MAY BE CAUSE TO REJECT OFFER.

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DESCRIPTION OF AMENDMENT - THE FOLLOWING INFORMATION IS APPLICABLE TO THE SOLICITATION:

Change 1. Replace "Revised Instructions - Open Solicitation # 1134870 Page 3 Revised by Solicitation Amendment # 1" with "Revised Instructions - Open Solicitation # 1138470 Page 3 Revised by Solicitation Amendment # 2" changes are italicized and highlighted in blue.

THERE ARE NO OTHER CHANGES.

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THE SOLICITATION PROVISION ENTITLED "SOLICITATION AMENDMENT" IS APPLICABLE TO THIS AMENDMENT. THE CHANGES SET FORTH BELOW ARE HEREBY INCORPORATED INTO THE ABOVE-CITED SOLICITATION.

ISSUED BY: Mary J. Wright for
Avinash G. Shetty, Director
Office of Procurement

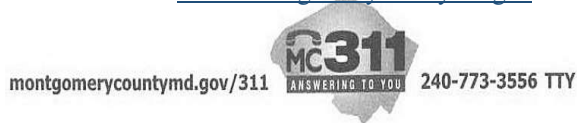
NAME OF OFFEROR: (Type or print)

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN: (Type or print)

OFFEROR'S SIGNATURE: DATE : (Buyer: BTO)

Office of Procurement

27 Courthouse Square, Suite 330 • Rockville, Maryland 20850 • 240-777-9900 • 240-777-9956 TTY • 240-777-9952 FAX
www.montgomerycountymd.gov



2. Certificate Holder – On the Certificate of Insurance form, please request that your insurance broker/carrier complete the Certificate Holder block as follows:

Montgomery County, Maryland  
Department of Health and Human Services  
Contract Management Team  
401 Hungerford Drive, Sixth Floor  
Rockville, Maryland 20850  
Fax (240) 777-4464

- H. Financial Information – Please provide a copy of your agency’s most recent audited financial statement. In the case of a sole proprietor, an applicant can submit the prior year’s tax return. All applicants must submit additional data as requested by the County to help determine financial responsibility and resolve any questions concerning their financial soundness.
- I. Proof of legal name – Please provide the articles of incorporation and articles of amendment if applicable.
- J. Proof of tax ID number – Please provide a W-9 Tax form or a copy of Social Security card if Sole Proprietorship
- K. Proof of tax-exempt status – Please provide a determination letter from the IRS if applicable
- L. References- Please provide three (3) references including name, address, and phone number

Please return all of the above listed submissions to:

Montgomery County Department of Health and Human Services  
Attention: LBHA, Contract Monitoring Unit  
401 Hungerford Drive, 1st Floor  
Rockville, Maryland 20850

*or via email to: [PHSSR@montgomerycountymd.gov](mailto:PHSSR@montgomerycountymd.gov).*

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OFFICE OF PROCUREMENT

Marc Elrich
County Executive

Avinash Shetty
Director

SOLICITATION AMENDMENT #1
Open Solicitation #1134870
June 9, 2022

PAGE 1 of 25 FOR THE PROCUREMENT OF: Psychiatric Support Services

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ALL SOLICITATION AMENDMENTS MUST BE ACKNOWLEDGED BY THE OFFEROR PRIOR TO THE HOUR AND DATE SPECIFIED IN THE SOLICITATION FOR RECEIPT OF OFFERS. FAILURE TO ACKNOWLEDGE AN AMENDMENT MAY BE CAUSE TO REJECT OFFER.
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DESCRIPTION OF AMENDMENT – THE FOLLOWING CHANGES ARE APPLICABLE TO THE OPEN SOLICITATION #1134870.

Changes:

- 1. Replace "Minimum Requirements of Applicants" with "Revised Minimum Requirements of Applicants – Revised by Solicitation Amendment # 1"
2. Replace "Instructions – Open Solicitation # 1134870" with "Revised Instructions – Open Solicitation # 1134870 Revised by Solicitation Amendment # 1"
3. Replace "Pre-Approved Form Contract – Open Solicitation # 1134870 – Psychiatric Support Services" with "Pre-Approved Form Contract -Open Solicitation # 1134870 – Psychiatric Support Services Revised by Solicitation Amendment # 1"
4. Replace "Attachment C – Scope Selection Form" with "Attachment C – Scope Selection Form Revised by Solicitation Amendment # 1"
5. Replace "Attachment H – Bilingual Certification" with "Attachment H – Bilingual Certification Revised by Solicitation Amendment # 1"

THERE ARE NO OTHER CHANGES.

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THE SOLICITATION PROVISION ENTITLED "SOLICITATION AMENDMENT" IS APPLICABLE TO THIS AMENDMENT. THE CHANGES SET FORTH ABOVE ARE HEREBY INCORPORATED INTO THE ABOVE-CITED SOLICITATION.

ISSUED BY: [Signature] /for
Avinash G. Shetty, Director
Office of Procurement

NAME OF OFFEROR: \_\_\_\_\_
(Type or Print)

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN: \_\_\_\_\_
(Type or Print)

OFFEROR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Office of Procurement

27 Courthouse Square, Suite 330 • Rockville, Maryland 20850 • 240-777-9900 • 240-777-9956 TTY • 240-777-9952 FAX
www.montgomerycountymd.gov

**REVISED MINIMUM REQUIREMENTS OF APPLICANTS**  
**REVISED BY SOLICITATION AMENDMENT # 1**  
**OPEN SOLICITATION #1134870**  
**PSYCHIATRIC SERVICES**

The **Minimum Qualifications** for this Open Solicitation are as follows:

A. All applicants must:

1. Have a current license from the Maryland Board of Physicians where required.
2. Provide proof of satisfactory completion of an American Board of Psychiatry and Neurology (ABP&N) approved residency in psychiatry.
3. Have ABP&N Board Certification in Child & Adolescent Psychiatry for scopes providing services to children and adolescents.
4. Be certified as an Addictionologist for the scopes involving the Addiction Specialty Medication Assisted Treatment (Scopes 1, 2, 3 and 10).
5. Completion of the standardized buprenorphine waiver 8-hour training for physicians (Scope 1 and 10)
6. Have demonstrated experience working in a Medication Assisted Treatment Program and/or with the target population of adult clients with opioid use disorders. (Scope 1 and 10)
7. Be certified as a Registered Nurse Practitioner – Psychiatric and Mental Health (CRNP-PMH) in the State of Maryland (Scope 11).
8. Possess a Master’s Degree or Doctorate degree from a psychiatric-mental health nurse practitioner program accredited by the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN) – formerly NLNCA/National Legal for Nursing Accrediting Commission (Scope 11).
9. Completion of a Master’s Degree of Physician’s Assistant Studies or Completion of a Master’s Degree in a related health care or health-related science and completion of an accredited physician assistant program. Examples of related Master’s Degree programs include but are not limited to Master of Medical Sciences, Master of Public Health, Master of Biomedical Sciences, or other related major fields of study (Scope 12)
10. Completion of PANCE exam administered by the National Commission for the Certification of Physician Assistants (Scope 12)
11. Possess a Certified Physician Assistant (PA-C) credential (Scope 12)
12. Possess an active, full and unrestricted license or registration as a Physician Assistant in the State of Maryland (Scope 12)
13. Have the ability to provide services at the site(s) designated by the County. All sites will be located within Montgomery County, MD.
14. Have a National Provider Identification number issued by the Federal Centers for Medicare and Medicaid Services.
15. Be eligible for a Medical Assistance provider number and a Drug Enforcement Agency (DEA) number (both federal and State).

16. Meet the County's mandatory insurance requirements as defined under this Open Solicitation in the Form Contract and must provide an insurance certificate(s) evidencing the required coverage.
17. Have a minimum of two years of experience with the population to be served Under the Contract resulting from this Open Solicitation.
18. Accept the County's fee structure. The rates for the services under Open Solicitation #1134870, are set by the County and published at:  
<https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>
19. Complete and sign a Bilingual Certification form (Attachment H) if applying for a contract involving a scope of work that requires bilingual English/Spanish Services. Note by signing this form, the Offeror is attesting, under oath, to the fact that Offeror is able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which Offeror is applying in both the English and Spanish languages.
20. Comply with all federal, state and local laws and regulations governing privacy and the protection of health information, including but not limited to, the Health Insurance Portability and Accountability Act (HIPAA). The Contractor must sign and comply with the County's Business Associate Agreement which is incorporated by reference into and made part of the form Contract as Attachment B.

**REVISED INSTRUCTIONS - OPEN SOLICITATION #1134870**  
**REVISED BY SOLICITATION AMENDMENT # 1**  
**Psychiatric Support Services**

I. **Submission Documents** – The following items must be submitted with your application:

- A. Form Contract and Contract Attachments-the form contract must be filled out correctly and submitted. Please follow these steps:
1. Sign the Form Contract – If the applicant is a corporation, an officer of the corporation with authority to sign contracts for the corporation must sign the Form Contract.
  2. PLEASE DO NOT PUT A DATE IN THE PARAGRAPH AT THE TOP OF THE PAGE. ENTER A DATE ONLY IN THE SIGNATURE BLOCK.
  3. Submit all the pages of the Form Contract (not just the signature page), including the completed attachments listed below:
    - a. General Conditions of Contract Between County & Contractor, (Attachment A):  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMM D-45.pdf>
    - b. Business Associate Agreement, (Attachment B):  
[https://www.montgomerycountymd.gov/HHS/Resources/Files/pdfs/Business %20Associate%20Agreement2 27 20.pdf](https://www.montgomerycountymd.gov/HHS/Resources/Files/pdfs/Business%20Associate%20Agreement2720.pdf)
    - c. Scope Selection Form, (Attachment C).
    - d. Attachment D, “Application/Vendor Information Form”. Please complete the Application/Vendor Information Form in its entirety. Applicants must indicate their profit or non-profit designation.
    - e. Attachment E, “Wage Requirements for Services Contract Addendum to The General Conditions of Contract Between County and Contractor”):  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMM D-177.pdf>
    - f. Attachment F, “Minority-Owned Business Addendum to General Conditions of Contract Between County and Contractor,” and “Minority, Female Disabled (MFD) Person Subcontractor Performance Plan” Please submit your MFD plan or request a waiver.  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMM D-65.pdf>
    - g. \*Optional\* Attachment G, “Minority Business program & Offeror’s Representation” – this form may be filled out and submitted if applicable to the applicant’s organization  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-90.pdf>

- B. Narrative – A description of your area of specialty, knowledge of and experience working with the population proposed to be served under this Open Solicitation. This information must be provided in no more than five double-spaced typewritten pages and must be attached to the application.
- C. Resume or Curriculum Vitae of persons who will be providing services under the contract resulting from this Open Solicitation
- D. Certificate(s) of Insurance – This provides evidence of meeting the insurance requirements set forth in Article VI. of the Pre-Approved Form Contract. Contact your insurance broker to obtain the Certificate of Insurance based on the Mandatory Insurance Requirements contained in this solicitation. Updates for renewals during the service period must be sent to the Contract Management Team by the insurance broker.
- E. Licenses: Required for specific scopes. All persons who will be providing services under contracts awarded as a result of this Open Solicitation except as noted.
  - 1. A copy of your current license from the Maryland Board of Physicians.
  - 2. Proof of satisfactory completion of an ABP&N approved residency in psychiatry.
  - 3. For scopes providing services to children and adolescents (Scopes 7 through 8 of the Pre-Approved Form Contract), a copy of your ABP&N Board Certification in Child & Adolescent Psychiatry.
  - 4. For the Addiction Specialty Medication Assisted Treatment (Scopes 1, 2, 3 and 10) only of the Pre-Approved Form Contract), proof of certification as an Addictionologist.
  - 5. Any additional certifications or licenses relevant to the scope of services for which you are applying under this Open Solicitation.
- F. If applying for a contract involving a scope of work that requires bilingual English/Spanish Services, Offeror must complete and sign a Bilingual Certification form (Attachment H). Note by signing this form, the Offeror is attesting, under oath, to the fact that Offeror is able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which Offeror is applying for a contract in both the English and Spanish languages.
- G. Insurance:
  - 1. All applicants must submit proof of the insurance coverage required under Section VI of the approved Form Contract, on a certificate of insurance form(s). The certificate of insurance for your agency can be obtained by contacting your insurance broker/carrier.

2. Certificate Holder – On the Certificate of Insurance form, please request that your insurance broker/carrier complete the Certificate Holder block as follows:

Montgomery County, Maryland  
Department of Health and Human Services  
Contract Management Team  
401 Hungerford Drive, Sixth Floor  
Rockville, Maryland 20850  
Fax (240) 777-4464

- H. Financial Information – Please provide a copy of your agency’s most recent audited financial statement. In the case of a sole proprietor, an applicant can submit the prior year’s tax return. All applicants must submit additional data as requested by the County to help determine financial responsibility and resolve any questions concerning their financial soundness.
- I. Proof of legal name – Please provide the articles of incorporation and articles of amendment if applicable.
- J. Proof of tax ID number – Please provide a W-9 Tax form or a copy of Social Security card if Sole Proprietorship
- K. Proof of tax-exempt status – Please provide a determination letter from the IRS if applicable
- L. References- Please provide three (3) references including name, address, and phone number

Please return all of the above listed submissions to:

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Attention: LBHA, Contract Monitoring Unit  
401 Hungerford Drive, 1st Floor  
Rockville, Maryland 20850

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**Pre-Approved Form Contract  
Open Solicitation # 1134870  
Psychiatric Support Services  
REVISED BY SOLICITATION AMENDMENT # 1**

**BACKGROUND**

The Montgomery County Department of Health and Human Services (DHHS) seeks experienced and qualified entities and/or private practitioners to provide a variety of psychiatric services for adults, seniors, children, and adolescents who are referred by the County (“clients”). The County will assign clients to Contractors based on client need, language, and the ability of the Contractor to perform the services in the given timeframe. Psychiatric services will support programs in the various direct service areas in DHHS including Behavioral Health and Crisis Services and Aging and Disability Services. The required services include direct psychiatric services to clients, psychiatric assessment and evaluation of clients, and consultation to program clinical staff.

Psychiatric services must be provided at various locations in Montgomery County, including County office buildings, Montgomery County Public Health Clinics, the Montgomery County Correctional Facility, Montgomery County Detention Center and Pre-Release Center, the County Crisis Center, and other public and non-public facilities, hospitals, homeless shelters, nursing homes, private homes, and other community sites.

Psychiatric services may include individual therapy, group therapy, psychiatric evaluation and ongoing treatment, medication management, specialized treatments, assessment and evaluation services, crisis intervention services, as well as consultation, and education to County staff and the public.

Services will be provided at the request of the County and must be provided in collaboration with County clinical staff.

The Contractor’s application must clearly indicate, on Attachment C to this Contract, the specific scope(s) of services to be provided by the Contractor to the County. Psychiatric services required by the County include the following scopes of service outlined below:

Department of Health and Human Services

1. Addiction Specialist – Scope 1 – Addiction Outpatient and Residential Services
2. Addiction Specialist – Scope 2 – Medication Assisted Treatment
3. Addiction Specialist – Scope 3 - Bilingual English/Spanish Psychiatric Services
4. General Psychiatrist – Scope 4 - Bilingual English/Spanish Psychiatric Services
5. General Psychiatrist – Scope 5 – Crisis Services
6. General Psychiatrist – Scope 6 – On-Call Crisis Services

7. Child and Adolescent Psychiatrist – Scope 7 – Bilingual English/Spanish Psychiatric Services
8. Psychiatrist – Scope 8 – Victim Services – Bilingual English/Spanish Psychiatric Services
9. Psychiatrist – Scope 9 – In Home Services
10. Medication Assisted Treatment Physician (M.D.)
11. Nurse Practitioner
12. Physician Assistant – Psychiatric
13. Psychiatrist

## I. SCOPE OF SERVICES

The Contractor must provide the specified psychiatric services to clients referred by the County-to-County facilities and/or provide consultation to County staff, at the request of the County, in one or more of the specialty areas listed below.

The Contractor must report to the Manager of the County Program, or their designee of the specialty areas listed below.

### **Scope 1. Addiction Specialist – Addiction Outpatient and Residential Services**

This scope of service requires a minimum of twenty-three (23) hours of psychiatric services per week to clients in the Specialty Behavioral Health Services (SBHS). The position must also serve as the Medical Director of the SBHS as needed. During the Contract term, the Contractor must also:

1. Provide psychiatric and medication management services to adults with substance abuse and co-occurring (mental health and substance abuse) disorders.
2. Provide comprehensive psychiatric assessments to clients.
3. Provide medication monitoring services to clients.
4. Assist in the development of individual treatment plans.
5. Prepare medical reports and provide responses to outside agencies as needed.
6. Provide psychiatric services in the Montgomery County SBHS.

Additionally, the Contractor must be responsible for providing clinical services including, at a minimum:

1. Establishing and maintaining American Society of Addiction Medicine (ASAM) Standards for treatment, including therapeutic modalities and prescribing practices.
2. Medical aspects of quality management (quality management is defined as the process by which the County maintains and improves quality of services).
3. Clinical supervision of medical staff, including a review of

diagnostic formulation and documentation of physical examinations.

4. Treatment of chronic pain syndromes.

### **Consultation**

The Contractor must also provide consultation to County Staff, when requested by the County, for:

1. Developing a process by which the County's Specialty Behavioral Health Services Program grants privileges (privileging) to the medical and clinical staff of the program which includes psychiatrists, psychiatric nurses, LCSW-C's, LCPC's, LCADC's, and registered nurses. (Credentialing means ensuring that staff is appropriately licensed to perform the duties required by the SBHS Program, i.e., psychotherapy, diagnostic evaluations, psychosocial assessments, etc. Privileging is the process by which the Medical Director and Program Director grant clinical privileges to the clinical staff based on their experience, training, and licensure. This process is performed for all new clinical staff and on an annual basis.)
2. Granting, denying, suspending, or revoking privileges to perform specific services, based on:
  - a. A review of credentials, as outlined in Code of Maryland Regulations (COMAR) 10.21.17
  - b. An evaluation of the extent of relevant work experience, to include experience with the populations served by the County's Specialty Behavioral Health Services program not limited to the following:
    1. Adults with serious and persistent mental illness.
    2. Children and adolescents with serious emotional disturbance.
    3. Elderly individuals with mental illness.

### **Scope 2. Addiction Specialist – Medication Assisted Treatment**

This scope of service requires a minimum of ten (10) hours of psychiatric medication assisted treatment (methadone) services to clients under the clinical supervision of the SBHS Medical Director. During the Contract term, the Contractor must:

1. Provide psychiatric and medication management services to adults with substance abuse and co-occurring (mental health and substance abuse) disorders.
2. Provide comprehensive psychiatric assessments to clients.
3. Provide medication monitoring to clients.
4. Assist in the development of individual treatment plans.

5. Prepare medical reports and provide responses to outside agencies.
6. Perform annual physical examinations on all clients admitted into the program.
7. Treat chronic pain syndromes.

**Scope 3. Addiction Specialist – Bilingual English/Spanish Psychiatric Services**

This scope of service requires a minimum of five (5) hours per week bilingual English/Spanish psychiatric services in Specialty Behavioral Health Services program under the clinical supervision of the SBHS Medical Director. During the Contract term, the Contractor must:

1. Demonstrate and maintain fluency in Spanish/English.
2. Provide psychiatric and medication management services to adults with substance abuse and co-occurring (mental health and substance abuse) disorders.
3. Provide comprehensive psychiatric assessments to clients.
4. Provide medication monitoring to clients.
5. Assist in the development of individual treatment plans.
6. Prepare typed reports and provide responses to outside agencies, as needed.

**Scope 4. General Psychiatrist – Bilingual English/Spanish Psychiatric Services**

This scope of service provides a minimum of ten (10) hours per week of bilingual English/Spanish group psychotherapy and family psychiatric services to clients. During the Contract term, the Contractor must:

1. Demonstrate and maintain fluency in Spanish/English.
2. Perform initial psychiatric assessments, develop individualized care plans, and implement treatment for patients.
3. Evaluate, diagnose, and treat patients with mental illnesses through a combination of personal counseling (psychotherapy), psychoanalysis, hospitalization, and/or medication.
4. Prescribe psychopharmacological medications, as needed.
5. Provide medication evaluation and medication monitoring services to clients.
6. Complete records according to policy and procedures in a timely manner including initial evaluations, progress notes after each visit, medication records, and collaborate on treatment plan development.
7. Complete forms as needed for entitlements, pharmacy resources, lab requests etc.
8. Review clients' medical histories.
9. Provide medical referrals and initiate contact with hospitals, and other medical providers as needed.

10. Enter daily interactions into a computer database and review email messages daily.
11. Complete a monthly program summary and monthly client outcome measures, statistics, and other required paperwork on time.
12. Communicate effectively with clients and staff to ensure positive client outcome.
13. Collaborate effectively with multidisciplinary team members.
14. Provide services in congruence with cultural competency principles.
15. Work under the clinical supervision of the County designated Manager or Medical Director.

**Scope 5. General Psychiatrist – Crisis Services**

This scope of service requires a minimum of sixteen (16) hours per week of psychiatric services working under the administrative direction of the Manager of the Montgomery County Crisis Center, and under the clinical supervision of the Medical Director and Chief Psychiatrist for Behavioral Health and Crisis Services. During the Contract term, the Contractor must:

1. Provide initial, ongoing and diagnostic evaluations to clients including evaluations for co-occurring disorders.
2. Provide oversight of triage and evaluation crisis beds.
3. Evaluate and treat new clients and consult with staff regarding admitted clients.
4. Provide medication evaluations and medication monitoring services.
5. Complete records according to County policy and procedures in a timely manner to include initial evaluations, progress notes after each visit, and medication records.
6. Collaborate on treatment plan development.
7. Complete forms as needed for pharmacy resources, lab requests etc.
8. Review clients' medical histories, make medical referrals and initiate contact with hospitals, and other medical providers as needed.
9. Enter interactions with clients into a computer database within three (3) days of client contact.
10. Review emails as required by the County, complete monthly program summary and monthly client outcome measures, statistics, and other required paperwork on time.
11. Communicate with clients and County staff to ensure positive client outcomes.

12. Collaborate with multidisciplinary team members providing consultation regarding psychiatric care of clients.
13. Provide services in congruence with cultural competency principles.

**Scope 6. General Psychiatrist – On Call Crisis Services**

This scope of service requires a minimum of one hundred twenty-eight (128) hours of on call psychiatric services per month working under the administrative direction of the Crisis Center Manager and under the clinical supervision of the Medical Director and Chief Psychiatrist for Behavioral Health and Crisis Services.

1. Provide on call services **at least one time per month after hours (5 p.m. – 9 a.m. Monday through Friday), on weekends (24 hours) and holidays (24 hours) unless otherwise requested by the Crisis Center Manager. Services must include the following:**
  - a. Consultation over the telephone to clinical staff at the Crisis Center.
  - b. Face to face psychiatric and medication evaluations at the Crisis Center.
  - c. Provide other psychiatric care as needed while on call.

**Scope 7. Child & Adolescent Psychiatrist – Bilingual English/Spanish Psychiatric Services**

This scope of services requires provision of up to ten (10) hours per week of psychiatric services at each facility. The Contractor must maintain a minimum caseload of up to forty-five (45) clients in the Montgomery County Child & Adolescent Mental Health Clinic located at 8818 Georgia Avenue in Silver Spring and at 7300 Calhoun Place in Rockville. The following are required for both service locations.

1. Demonstrate and maintain fluency in English/Spanish.
2. Provide up to twenty (20) hours of services per week to clients at the County's Clinics.
3. Provide psychiatric evaluation, assessment, medication therapy, individual and group therapy to clients and their families.
4. Provide a minimum of two (2) psychiatric evaluations per day, as requested by the County, based on client needs.
5. Devote at least sixty percent (60%) of service time to face to face contact with assigned patients.
6. Collaborate with treatment staff regularly regarding patients, medication regimen, and health status and case management needs.

7. Provide psychiatric services a minimum of one evening per week [at least three (3) hours after five (5) p.m.], as requested by the County, based on program needs.
8. Provide psychiatric coverage for other psychiatrists as requested by the County; this may involve traveling to other locations as needed.
9. Inform the Program Manager and Medical Director of patients' progress.
10. Provide services that are sensitive to the ethnic/cultural backgrounds of patients.
11. Evaluate each client's need for psychotropic medication, prescribe medication, as required, and monitor client use of psychotropic medication.
12. Provide consultation services to all clinical staff on the staff interdisciplinary team regarding client treatment and service.
13. Maintain written records of contact notes, monthly progress notes, treatment plans, all medication evaluations, prescriptions, medication monitoring, and therapy provided to each client using State of Maryland standards set forth in the Code of Maryland Regulations (COMAR).
14. Submit daily and/or monthly statistics in a timely manner.
15. Initiate collaboration with external providers such as the Crisis Center, hospital staff, internists, schools, pharmacists, families, etc.

**Scope 8. Psychiatrist – Victim Services – Bilingual English/Spanish  
Psychiatric Services**

This scope of services requires a minimum of twelve (12) hours of psychiatric services per week. The Contractor must:

1. Demonstrate and maintain fluency in English/Spanish.
2. Provide psychiatric evaluation to adult clients in the Montgomery County Victim Assistance and Sexual Assault Program (VASAP).
3. Provide psychiatric evaluation to VASAP child and adolescent clients.
4. Provide medication therapy to VASAP child, adolescent, and adult clients.
5. Provide consultation to VASAP staff therapists working with clients in need of psychiatric evaluation and treatment.
6. Provide written evaluation on all clients seen and medication records on all clients medicated.
7. Appear in Court, upon receipt of a proper summons, to provide psychiatric information regarding program participants. Any services related to this item will be paid at the Forensic Services rate.

8. Complete forms as needed for pharmacy resources, lab requests, and other services, as requested by the County.
9. Coordinate with other medical providers, as needed.
10. Respond by telephone when contacted regarding client psychiatric emergencies.

**Scope 9. Psychiatrist - In Home Services**

This scope of service requires a maximum of four (4) hours of service per week (which includes time spent charting and attending any related meetings) to assess County-referred clients requiring in-home psychiatric services. The Contractor must:

1. Provide in-home psychiatric evaluations, including competency evaluations, to determine diagnosis, and treatment recommendations for County-referred client
2. Provide written psychiatric evaluation for each client seen, which includes all five axes as shown in the current Diagnostic and Statistical Manual (DSM) of Mental Disorders for each client seen.
3. Provide consultation to all clinical staff on the staff interdisciplinary team regarding recommended interventions and/or services.
4. Attend scheduled multidisciplinary staff meetings at the request of the County.
5. Prepare Physician Certificates of competency (e.g., Competent to Stand Trial, etc.) on an as needed basis, at the request of the County and/or as required by State, federal, or local laws and regulations.
6. Provide services that are sensitive to the ethnic/cultural backgrounds of clients receiving psychiatric services.
7. Participate as a team member with County clinical staff.

**Scope 10. Medication Assisted Treatment Physician (M.D.)**

This scope of service requires 24-40 hours per week of Medication Assisted Treatment Services (Buprenorphine, Methadone and Vivitrol/Naltrexone) to clients reporting to the Specialty Behavioral Health Services (SBHS) Program Medical Director at a designated County facility. The Contractor must:

1. Provide medication management services to adults with substance use disorders and co-occurring (substance use and mental health) disorders and consult with the SBHS Program Medical Director regarding psychiatric services coordination.
2. Provide comprehensive psychiatric assessments to adult clients, in consultation with the SBHS Program Medical Director.
3. Provide medication monitoring to adult clients.



4. Assist in developing individual treatment plans.
5. Prepare typed reports and provide responses to outside agencies as needed.
6. Provide medical/psychiatric consultation to staff and participate in multidisciplinary treatment teams.
7. Treat chronic pain syndrome.

**Scope 11.           Nurse Practitioner**

This scope of service requires 20-40 hours per week of specialized professional community health nursing work, providing mental health services in an Advanced Practice Registered Nursing (APRN) role as a Certified Registered Nurse Practitioner-Psychiatric (CRNP-PMH). The CRNP-PMH serves individuals, families, or groups by conducting comprehensive psychiatric examinations, completing official clinical and non-clinical paperwork, ordering/performing/interpreting laboratory, and diagnostic tests, prescribing/dispensing psychotropic drugs, providing mental health therapy to patients and performing other CRNP functions as assigned and as consistent with state licensure/certification and regulations that apply to CRNP-PMH at a County designated facility. The Contractor must provide:

1. Direct psychiatric clinical care services, including prescribing and administering medications to individuals and families as part of a multi-disciplinary team.
2. Various therapeutic modalities and forms of psychotherapy, including making appropriate referrals, requesting laboratory and psychological tests, and utilizing results in the context of the patient's therapeutic needs, signing commitment papers and preparing other medico-legal documents when clinically indicated.
3. Maintaining appropriate patient records, data, test results, and statistics.
4. Posting appropriate results and notations in patient charts and preparing reports.

**Scope 12.           Physician Assistant – Psychiatric**

This scope of services requires 20-40 hours per week of specialized physician assistant services, providing mental health services, including assessment, planning and treatment under the supervision of a physician. The Contractor must:

1. Perform examinations on patients including comprehensive physical examinations.
2. Compile patient medical data.
3. Order and interpret appropriate laboratory tests
4. Write progress notes, conduct patient education, write prescriptions, and prepare discharge summaries.

### **Scope 13. Psychiatrist**

This scope of services requires 20-40 hours of psychiatric services reporting to the clinic Medical Director. The Contractor must:

1. Perform initial psychiatric assessments, develop individualized care plans, and implement treatment for patients.
2. Evaluate, diagnose, and treat patients with mental illnesses through a combination of personal counseling (psychotherapy), psychoanalysis, hospitalization, and/or medication.
3. Prescribe psychopharmacological medications, as needed.
4. Provide medication evaluation and medication monitoring services to clients.
5. Complete records according to policy and procedures in a timely manner including initial evaluations, progress notes after each visit, medication records, and collaborate on treatment plan development.
6. Complete forms as needed for entitlements, pharmacy resources, lab requests etc.
7. Review clients' medical histories.
8. Provide medical referrals and initiate contact with hospitals, and other medical providers as needed.
9. Enter daily interactions into a computer database and review email messages daily.
10. Complete a monthly program summary and monthly client outcome measures, statistics, and other required paperwork on time.
11. Communicate effectively with clients and staff to ensure positive client outcome.
12. Collaborate effectively with multidisciplinary team members.
13. Provide services in congruence with cultural competency principles.
14. Work under the clinical supervision of the County designated Manager or Medical Director.

## **II. RECORDS AND REPORTS**

- A. The Contractor must maintain and provide written records and reports as required by federal, State and local laws. These records and reports must include, but are not limited to, diagnoses and medications prescribed to each client and reports required by the Courts and legal system.
- B. All client records must be kept in a confidential file. These records must comply with all applicable federal, State, and local laws, statutes, regulations, and policies regarding client privacy, confidentiality, and privilege. The Contractor must comply with the Health Insurance Portability and Accountability Act (HIPAA) and all other

federal, State, and local laws and regulations governing the confidentiality of medical records.

### **III. COMPENSATION**

- A. The County will compensate the Contractor for services rendered at a pre-determined rate listed at:

<https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>

- B. No services will be performed or compensated under this Contract prior to the execution and receipt of a County Purchase Order and Notice(s) to Proceed and the Contractor's receipt of said County Purchase Order containing a total compensation amount.
- C. Compensation must not exceed funds appropriated by the County and encumbered into the County Purchase Order issued to the Contractor.
- D. Payment will be made only for services provided in accordance with the scopes of service outlined in this Contract. Idle time will not be compensated with the exception of the On Call Psychiatric Services scope (Scope 6).

### **IV. INVOICES**

The Contractor must submit monthly invoices and supporting documentation in a format approved by the County no later than the 15th day following the end of each month. Upon receipt, acceptance and approval of the Contractor's invoice, the County will make payment, net 30 days, at the rates set forth in Article III., Compensation, above. All required reports and other supporting documentation must be provided with the Contractor's monthly invoice. Invoices must be sent to the Program Monitor designated by the County.

### **V. TERM**

This Contract will become effective upon signature by the Director, Office of Procurement, and will be for an initial two-year term. Before the Contract term ends, the Director may, but is not required to, renew this Contract for an additional term, if the Director determines that renewal is in the best interest of the County. The Director may exercise this option to renew two (2) additional times for two (2) years each. Satisfactory performance does not guarantee renewal of this Contract. Following the conclusion of the final term of this Contract, the Contractor, if still interested in providing these services, must re-apply for a new contract under Open Solicitation 1134870, Psychiatric Support Services, or any replacement Open Solicitation issued by the County for these services.

**VI. GENERAL CONDITIONS AND INSURANCE**

The General Conditions of Contract Between County and Contractor (“General Conditions”) are incorporated by reference and made a part of this Contract as Attachment A. The following insurance requirements supersede the insurance requirements set forth in Provision 21, Insurance, of the General Conditions.

**MANDATORY INSURANCE REQUIREMENTS**

***Psychiatric Services - On & Off County Facilities - Open Solicitation 1134870***

Prior to the execution of the contract by the County, the proposed awardee/contractor and their contractors (if requested by County) must obtain, at their own cost and expense, the following *minimum* (not maximum) insurance coverage with an insurance company/companies licensed to conduct business in the State of Maryland and acceptable to the Division of Risk Management. This insurance must be kept in full force and effect during the term of this contract, including all extensions. The insurance must be evidenced by a certificate of insurance, and if requested by the County, the proposed awardee/contractor shall provide a copy of the insurance policies and additional insured endorsements. The minimum limits of coverage listed below shall not be construed as the maximum as required by contract or as a limitation of any potential liability on the part of the proposed awardee/contractor to the County nor shall failure to request evidence of this insurance in any way be construed as a waiver of proposed awardee / contractor’s obligation to provide the insurance coverage specified. The Contractor’s insurance shall be primary. Coverage pursuant to this Section shall not include any provision that would bar, restrict, or preclude coverage for claims by Montgomery County against Contractor, including but not limited to “cross-liability” or “insured vs insured” exclusion provisions.

**Commercial General Liability**

A minimum limit of liability of ***one million dollars (\$1,000,000), per occurrence***, for bodily injury, personal injury and property damage coverage per occurrence including the following coverages:

- Contractual Liability
- Premises and Operations
- Independent Contractors & Subcontractors
- Products and Completed Operations
- Sexual Abuse and Molestation

**Professional Liability (Errors and Omissions Liability)**

The policy shall cover professional errors and omissions, negligent acts, misconduct or lack of ordinary skill during the period of contractual relationship and services rendered with the County with a limit of liability of at least:

<b><i>Each Claim</i></b>	<b><i>\$1,000,000</i></b>
<b><i>Aggregate</i></b>	<b><i>\$3,000,000</i></b>

In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of three (3) years beginning at the time work under this Contract is completed.

Cyber Liability Insurance, in an amount not less than **one million dollars (\$1,000,000)** per occurrence and annual aggregate, covering all acts, errors, omissions, negligence, infringement of intellectual property, network / cyber and privacy risks (including coverage for unauthorized access, ) failure to protect confidential information (personal and commercial information) from disclosure; failure of security, virus transmission, data damage/destruction/corruption, breach of privacy perils, unintentional or wrongful disclosure of information, as well as notification costs and regulatory defense) in the performance of services hereby contracted for with Montgomery County, Maryland or on behalf of Montgomery County, Maryland hereunder. The policy shall contain affirmative coverage for contingent bodily injury and property damage emanating from the failure of the technology services or an error or omission in the content/information provided. Such insurance shall be maintained in force at all times during the term of the agreement and for a period of 3 years thereafter for services completed during the term of the agreement.

Worker's Compensation/Employer's Liability (Waive if no employees)

Meeting all statutory requirements of the State of Maryland Law and with the following minimum Employers' Liability limits:

- Bodily Injury by Accident - \$100,000 each accident**
- Bodily Injury by Disease - \$500,000 policy limits**
- Bodily Injury by Disease - \$100,000 each employee**

Additional Insured

Montgomery County, Maryland, its elected and appointed officials, officers, consultants, agents and employees, must be included as an additional insured on an endorsement to Contractor's commercial general, automobile insurance, and contractor's excess/umbrella insurance policies if used to satisfy the Contractor's minimum insurance requirements under this contract, for liability arising out of contractor's products, goods and services provided under this agreement. The Additional Insured endorsements shall have no added exclusions or limitations of coverage to limits of liability contractually required; or percentage of negligence attributed to the named insured. The stipulated limits of coverage above shall not be construed as a limitation of any potential liability of the contractor.

Policy Cancellation

Should any of the above policies be cancelled before the expiration date thereof, written notice must be delivered to the County in accordance with the policy provisions.

Certificate Holder

Montgomery County, Maryland  
DHHS/CMT

401 Hungerford Drive, 6<sup>th</sup> floor  
Rockville, Maryland 20850

**VII. CONTRACT ADMINISTRATOR**

The Contract Administrator for this Contract is: Ijeoma Oji, Team Lead, Contract Management Team, 401 Hungerford Drive – 6<sup>th</sup> Floor, Rockville, MD 20850; Telephone #: 240-777-3807, e-mail – Ijeoma.Oji@montgomerycountymd.gov

**VIII. PRIORITY OF DOCUMENTS**

The following documents are incorporated by reference into and made part of this Contract and are listed in order of legal precedence below in the event of a conflict in their terms:

1. This Contract document;
2. The General Conditions of Contract Between County and Contractor (Attachment A);
3. Business Associate Agreement (Attachment B);
4. Scope Selection Form (Attachment C);
5. Application/Vendor Information Form (Attachment D);
6. Wage Requirement Certification (Attachment E);
7. Minority-Owned Business Addendum to General Conditions of Contract Between County and Contractor and Minority, Female Disabled Person Subcontractor Performance Plan (Attachment F);
8. Minority Business Program & Offeror's Representation (Attachment G); and
9. Bilingual Certification (Attachment H).

SIGNATURE PAGE FOLLOWS

**Signature Page - Open Solicitation # 1134870**

Psychiatric Support Services

This Contract which incorporates by reference the Scope of Services Selection Form, the Application/Vendor Information Form, the General Conditions of Contract Between County and Contractor, the Open Solicitation Packet including the Notice to Vendors, Instructions, and Minimum Requirements of Applicants, the Approved Form Contract with Attachments A, B, C, D, E, F, G, H, copies of which have been provided to the Contractor, is entered into this \_\_\_\_\_ day of \_\_\_\_\_, by and between \_\_\_\_\_ hereinafter referred to as the "Contractor" and Montgomery County, Maryland. This Contract will become effective on the date of signature by the Director, Office of Procurement. This Contract and any renewals or extensions of this Contract are subject to the appropriation and encumbrance of funds.

<p><b>Part A: Contractor's Offer to Provide Services:</b> (Prospective Contractor must Complete)</p>	<p><b>Part B: County Acceptance:</b></p>
<p>_____</p>	<p>MONTGOMERY COUNTY, MARYLAND</p>
<p>Agency Name</p>	<p>_____</p>
<p>Signature</p>	<p>Avinash G. Shetty, Director Office of Procurement</p>
<p>_____</p>	<p>_____</p>
<p>Typed</p>	<p>Date</p>
<p>_____</p>	<p>RECOMMENDED:</p>
<p>Title</p>	<p>_____</p>
<p>_____</p>	<p>Raymond L. Crowel, Psy. D., Director Department of Health and Human Services</p>
<p>Date</p>	<p>_____</p>
<p>_____</p>	<p>Date</p> <p>THIS FORM HAS BEEN APPROVED AS TO FORM AND LEGALITY BY THE OFFICE OF THE COUNTY ATTORNEY</p>

# ATTACHMENTS



**Attachment C – Scope Selection Form**  
**REVISED BY SOLICITATION AMENDMENT # 1**  
**OPEN SOLICITATION #1134870**

**The attached application is for the following scope(s) of service. Check all that apply:**

1.     Addiction Specialist – Scope 1 –  
       Addiction Outpatient and Residential Services \_\_\_\_\_
  
2.     Addiction Specialist – Scope 2  
       Medication Assisted Treatment \_\_\_\_\_
  
3.     Addiction Specialist – Scope 3  
       Bilingual English/Spanish Psychiatric Services\* \_\_\_\_\_
  
4.     General Psychiatrist   Scope 4  
       Bilingual English/Spanish Psychiatric Services\* \_\_\_\_\_
  
5.     General Psychiatrist – Scope 5  
       Crisis Services \_\_\_\_\_
  
6.     General Psychiatrist – Scope 6  
       On-Call Crisis Services \_\_\_\_\_
  
7.     Child and Adolescent Psychiatrist – Scope 7  
       Bilingual English/Spanish Psychiatric Services\* \_\_\_\_\_
  
  
8.     Psychiatrist – Scope 8 Victim Services  
       Bilingual English/Spanish Psychiatric Services\* \_\_\_\_\_
  
9.     Psychiatrist – Scope 9  
       In-Home Services \_\_\_\_\_
  
10.    Medication Assisted Treatment Physician (M.D.)  
       Scope 10 \_\_\_\_\_
  
11.    Nurse Practitioner – Scope 11 \_\_\_\_\_

- 12. Physician Assistant – Psychiatric – Scope 12 \_\_\_\_\_
- 13. Psychiatrist – Scope 13 \_\_\_\_\_

\

\*Offerors applying to provide services under Scopes 3, 4, 7, and/or 8 must complete and sign a Bilingual Certification form (Attachment H). Note by signing this form, the Offeror is attesting, under oath, to the fact that Offeror is able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which Offeror is applying for a contract in both the English and Spanish languages.

**Attachment H**  
**Bilingual Certification**  
**Revised by Solicitation Amendment # 1**

Each Offeror must complete and sign this form when applying for a contract involving any or all scope(s) of work that require(s) bilingual English/Spanish services. By completing and signing this form, the Offeror is attesting, under oath, to the fact that Offeror is able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which Offeror is applying for a contract (which are checked below), in both the English and Spanish languages.

Please check the scope(s) for which Offeror is applying under this open solicitation.

\_\_\_\_\_ **Scope 3. Addiction Specialist – Bilingual English/Spanish Psychiatric Services**

\_\_\_\_\_ **Scope 4. General Psychiatrist – Bilingual English/Spanish Psychiatric Services**

\_\_\_\_\_ **Scope 7. Child & Adolescent Psychiatrist – Clinic Services- Bilingual English/Spanish Psychiatric Services**

\_\_\_\_\_ **Scope 8. Psychiatrist – Victim Services- Bilingual English/Spanish Psychiatric Services**

By my signature below, I, \_\_\_\_\_, hereby swear, attest, and affirm, under the penalties of perjury, that I am able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which I am applying for a contract (which are checked above), in both the English and Spanish languages. I further acknowledge and understand that this representation and certification is part of the consideration I provide in order to enter into a contract, pursuant to an Open Solicitation, with Montgomery County, MD.

Signature of Offeror: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF MARYLAND     )  
  )  
COUNTY OF MONTGOMERY)

I HEREBY CERTIFY THAT ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 202 , before the subscriber, a Notary Public of the State of Maryland, in and for the said County, personally appeared \_\_\_\_\_ (party signing the above Bilingual Certification) and to me personally known to be the signer and sealer of the foregoing Bilingual Certification and that person acknowledged that the person voluntarily executed the Bilingual Certification for the purposes and consideration therein expressed.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

**Open Solicitation Plan**  
**For**  
**Open Solicitation #1134870 - Psychiatric Support Services**  
**Montgomery County Department of Health and Human Services**

As required by Montgomery County Procurement Regulations, Code of Montgomery County Regulations (COMAR) 11B.00.01, et seq., Section 4.1.6.3(a), the Department of Health and Human Services (DHHS) is submitting this Open Solicitation Plan for approval by the Director, Office of Procurement. This Open Solicitation is designed to procure direct psychiatric services for clients including psychiatric assessment and evaluation services and consultation services to program clinical staff.

Section 4.1.6.3 Procedure

- (1) Public Notice – Public notice of this solicitation will be posted on the Montgomery County (the “County”), Office of Procurement website. Notice of the solicitation will also be sent by the DHHS to the service providers who are currently providing these services under Open Solicitation # 1038578, Psychiatric Services, which is being replaced by this Open Solicitation.
- (2) Application Process – The Department of Health and Human Services (DHHS or the “Department”) Contract Management Team (CMT) will post a copy of the solicitation packet for this Open Solicitation at:  
<https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>

The solicitation packet includes the following:

- a Notice to Vendors and Minimum Requirements of Applicants document that summarizes this Open Solicitation and outlines the minimum requirements of this Open Solicitation.
  - an Application/ Vendor Information Form and Instructions Document.
  - the Pre-Approved Form Contract, which must be executed as written and which incorporates the County’s General Conditions of Contract Between County and Contractor.
- (3) Criteria for Accepting or Rejecting Applications - The solicitation packet contains the minimum qualifications (set forth in the Minimum Requirements of Applicants Document) for providing psychiatric services to the Department and the criteria upon which applicants will be accepted. Applications will be reviewed by DHHS staff for acceptance or rejection, based on the minimum qualifications.
  - (4) All applicants meeting the minimum qualifications listed in the Minimum Requirements of Applicants Document will be eligible to receive a contract to provide the services described in the Open Solicitation. The County makes no guarantee that any single Contractor will receive referrals or serve clients under a contract resulting from this Open Solicitation. No minimum number of hours or clients is guaranteed to any Contractor under the contract. Clients will be referred by the County-to-County facilities based on client need, and language requirements. The County will assign clients to Contractors based on client need and the ability of the Contractor to perform the services in the given timeframe.

- (5) Pre-Approved Form Contract – Applicants will be required to execute a contract with the County using the Pre-Approved Form Contract (the “Form Contract”), including the General Conditions of Contract Between County and Contractor (“General Conditions”), and other attachments without modification.
- (6) Cost – The County makes no guarantee that any single provider will serve any minimum or maximum number of hours or clients under any contract awarded as a result of this Open Solicitation. These services are to be driven by the needs of the County and the annual availability of funds which are subject to appropriation by the Montgomery County Council and the State of Maryland and the encumbrance of such appropriated funds. The Cost of contracts will not exceed available appropriations. Funds will be encumbered in purchase orders issued by the Office of Procurement.
- (7) Cancellation – The County reserves the option to cancel this Open Solicitation at any time.
- (8) Changes to Forms – The County may update the Open Solicitation Form Contract with updated versions of the forms listed below without issuing an amendment to the Open Solicitation:
- a. General Conditions of Contract Between County and Contractor (PMMD-45).
  - b. Minority Business Program & Offeror’s Representation (PMMD-90).
  - c. Minority-Owned Business Addendum to the General Conditions of Contract Between County and Contractor (PMMD-91).
  - d. Minority, Female, Disabled (MFD) Person Subcontractor Performance Plan (PMMD-65).
  - e. Wage Requirements for Services Contract Addendum to The General Conditions of Contract Between County and Contractor, and Wage Requirements Law Certification (PMMD-177).
  - f. Business Associate Agreement.

The updated forms will be applicable to new contracts entered into after the date they are added to the Open Solicitation, forms attached to previously executed contracts will remain in effect for those contracts unless formally amended by contract amendment.

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**NOTICE TO VENDORS  
OPEN SOLICITATION #1134870  
PSYCHIATRIC SUPPORT SERVICES**

Montgomery County, Maryland (the “County”) through its Department of Health and Human Services (the “Department” or “DHHS”) is seeking applications from experienced and qualified psychiatrists and psychiatric professionals to provide a variety of psychiatric services for adults, seniors, children, and adolescents (“Clients”) at various County facilities as assigned by the County. Required services include direct psychiatric services to clients including psychiatric assessment and evaluation of clients, and consultation to County program clinical staff.

The County seeks qualified applicants who are licensed and certified by the State of Maryland to provide psychiatric services. Interested parties are encouraged to submit an application along with other required materials as soon as possible to allow for the processing of an approved Form Contract and commencement of psychiatric treatment services in a timely manner upon receipt of a Notice to Proceed and Purchase Order from the County.

A complete description of the Scope of Services is listed in the Open Solicitation packet. Interested providers/applicants may obtain a packet by visiting the DHHS – Contract Management Team website at:

<https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>

Each applicant must clearly state the specific scope of service for which he/she is applying by completing Attachment C to the pre-approved form contract and submitting it with the applicant’s application. An applicant may apply to provide services outlined in one or more of the scopes of service listed in this Open Solicitation. Applicants will not receive preference in the award process for offering to provide services under more than one scope of service.

Applicants are encouraged to review all of the documents and information provided with this packet before completing and returning the Application/Vendor Information Form and the County-Approved Form Contract, including General Conditions of Contract Between County and Contractor.

The rates for the services under Open Solicitation #1134870 are set by the County and published at <http://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>

The County will enter into a contract with all applicants who meet the minimum qualifications as described in the Minimum Requirements of Applicants document and are found to be a responsible organization/entity. The County will sign the contract and return a copy to the applicant upon execution. The Form Contract with all Attachments will constitute the entire Contract. The applicant must sign the County’s Form Contract which includes the General Conditions of Contract Between County and Contractor, and other Attachments, as written with no modification. The Contract Management Team will forward a copy of the executed contract, along with related materials, to the successful applicant. Once you receive notice from the

County that the contract has been executed and you receive an executed purchase order and notice to proceed from the County, you may provide services to clients.

The County makes no guarantee that any single provider will serve any minimum or maximum number of clients or provide any minimum or maximum number of hours of service under any contract awarded as a result of this Open Solicitation. These services are to be driven by the needs of the County and the specific scopes of service delineated in the Open Solicitation's Form Contract. Annual availability of funds under this Open Solicitation is subject to appropriation by the Montgomery County Council and the State of Maryland and the encumbrance of such appropriated funds.

Questions related to this Open Solicitation should be directed to the Department of Health and Human Services, Contract Management Team via e-mail to:

[hhs.open.solicitations@montgomerycountymd.gov](mailto:hhs.open.solicitations@montgomerycountymd.gov)

{Remainder of this page intentionally left blank}

## MINIMUM REQUIREMENTS OF APPLICANTS

### OPEN SOLICITATION #1134870 PSYCHIATRIC SERVICES

The **Minimum Qualifications** for this Open Solicitation are as follows:

A. All applicants must:

1. Have a current license from the Maryland Board of Physicians where required.
2. Provide proof of satisfactory completion of an American Board of Psychiatry and Neurology (ABP&N) approved residency in psychiatry.
3. Have ABP&N Board Certification in Child & Adolescent Psychiatry for scopes providing services to children and adolescents.
4. Be certified as an Addictionologist for the scopes involving the Addiction Specialty Medication Assisted Treatment (Scopes 2, 3 and 11).
5. Completion of the standardized buprenorphine waiver 8-hour training for physicians (Scope 1 and 11)
6. Have demonstrated experience working in a Medication Assisted Treatment Program and/or with the target population of adult clients with opioid use disorders. (Scope 1 and 11)
7. Be certified as a Registered Nurse Practitioner – Psychiatric and Mental Health (CRNP-PMH) in the State of Maryland (Scope 12).
8. Possess a Master’s Degree or Doctorate degree from a psychiatric-mental health nurse practitioner program accredited by the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN) – formerly NLNCA/National Legal for Nursing Accrediting Commission (Scope 12).
9. Have demonstrated experience collaborating with other client serving agencies such as other Behavioral Health and Crisis services program, Parole and Probation, Services to End and Prevent Homelessness, Dennis Avenue Public Health Clinic, County Social Services programs, etc. (Scope 12).
10. Completion of a Master’s Degree of Physician’s Assistant Studies or Completion of a Master’s Degree in a related health care or health-related science and completion of an accredited physician assistant program. Examples of related Master’s Degree programs include but are not limited to Master of Medical Sciences, Master of Public Health, Master of Biomedical Sciences, or other related major fields of study (Scope 13)
11. Completion of PANCE exam administered by the National Commission for the Certification of Physician Assistants (Scope 13)
12. Possess a Certified Physician Assistant (PA-C) credential (Scope 13)
13. Possess an active, full and unrestricted license or registration as a Physician Assistant in the State of Maryland (Scope 13)
14. Have the capability to begin providing psychiatric services to clients within five days of execution of a contract as a result of this Open Solicitation.
15. Have the ability to provide services at the site(s) designated by the County. All sites



- will be located within Montgomery County, MD.
16. Have a National Provider Identification number issued by the Federal Centers for Medicare and Medicaid Services.
  17. Be eligible for a Medical Assistance provider number and a Drug Enforcement Agency (DEA) number (both federal and State).
  18. Meet the County's mandatory insurance requirements as defined under this Open Solicitation in the Form Contract and must provide an insurance certificate(s) evidencing the required coverage.
  19. Have a minimum of two years of experience with the population to be served Under the Contract resulting from this Open Solicitation.
  20. Accept the County's fee structure. The rates for the services under Open Solicitation #1134870, are set by the County and published at:  
<https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>
  21. Complete and sign a Bilingual Certification form (Attachment H) if applying for a contract involving a scope of work that requires bilingual English/Spanish Services. Note by signing this form, the Offeror is attesting, under oath, to the fact that Offeror is able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which Offeror is applying in both the English and Spanish languages.
  22. Comply with all federal, state and local laws and regulations governing privacy and the protection of health information, including but not limited to, the Health Insurance Portability and Accountability Act (HIPAA). The Contractor must sign and comply with the County's Business Associate Agreement which is incorporated by reference into and made part of the form Contract as Attachment B.

## INSTRUCTIONS - OPEN SOLICITATION #1134870

### Psychiatric Support Services

- I. **Submission Documents** – The following items must be submitted with your application:
- A. Form Contract and Contract Attachments-the form contract must be filled out correctly and submitted. Please follow these steps:
1. Sign the Form Contract – If the applicant is a corporation, an officer of the corporation with authority to sign contracts for the corporation must sign the Form Contract.
  2. PLEASE DO NOT PUT A DATE IN THE PARAGRAPH AT THE TOP OF THE PAGE. ENTER A DATE ONLY IN THE SIGNATURE BLOCK.
  3. Submit all the pages of the Form Contract (not just the signature page), including the completed attachments listed below:
    - a. General Conditions of Contract Between County & Contractor, (Attachment A):  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMM D-45.pdf>
    - b. Business Associate Agreement, (Attachment B):  
<https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>
    - c. Scope Selection Form, (Attachment C).
    - d. Attachment D, “Application/Vendor Information Form”. Please complete the Application/Vendor Information Form in its entirety. Applicants must indicate their profit or non-profit designation.
    - e. Attachment E, “Wage Requirements for Services Contract Addendum to The General Conditions of Contract Between County and Contractor”):  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMM D-177.pdf>
    - f. Attachment F, “Minority-Owned Business Addendum to General Conditions of Contract Between County and Contractor,” and “Minority, Female Disabled (MFD) Person Subcontractor Performance Plan” Please submit your MFD plan or request a waiver.  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMM D-65.pdf>
    - g. \*Optional\* Attachment G, “Minority Business program & Offeror’s Representation” – this form may be filled out and submitted if applicable to the applicant’s organization  
<https://www.montgomerycountymd.gov/PRO/Resources/Files/SolForm/PMMD-90.pdf>
- B. Narrative – A description of your area of specialty, knowledge of and experience working with the population proposed to be served under this Open Solicitation.

This information must be provided in no more than five double-spaced typewritten pages and must be attached to the application.

- C. Resume or Curriculum Vitae of persons who will be providing services under the contract resulting from this Open Solicitation
- D. Certificate(s) of Insurance – This provides evidence of meeting the insurance requirements set forth in Article VI. of the Pre-Approved Form Contract. Contact your insurance broker to obtain the Certificate of Insurance based on the Mandatory Insurance Requirements contained in this solicitation. Updates for renewals during the service period must be sent to the Contract Management Team by the insurance broker.
- E. Licenses: Required for specific scopes. All persons who will be providing services under contracts awarded as a result of this Open Solicitation except as noted.
  - 1. A copy of your current license from the Maryland Board of Physicians.
  - 2. Proof of satisfactory completion of an ABP&N approved residency in psychiatry.
  - 3. For scopes providing services to children and adolescents (Scopes 7 through 8 of the Pre-Approved Form Contract), a copy of your ABP&N Board Certification in Child & Adolescent Psychiatry.
  - 4. For the Addiction Specialty Medication Assisted Treatment (Scopes 2, 3 and 11) only of the Pre-Approved Form Contract), proof of certification as an Addictionologist.
  - 5. Any additional certifications or licenses relevant to the scope of services for which you are applying under this Open Solicitation.
- F. If applying for a contract involving a scope of work that requires bilingual English/Spanish Services, Offeror must complete and sign a Bilingual Certification form (Attachment H). Note by signing this form, the Offeror is attesting, under oath, to the fact that Offeror is able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which Offeror is applying for a contract in both the English and Spanish languages.
- G. Insurance:
  - 1. All applicants must submit proof of the insurance coverage required under Section VI of the approved Form Contract, on a certificate of insurance form(s). The certificate of insurance for your agency can be obtained by contacting your insurance broker/carrier.
  - 2. Certificate Holder – On the Certificate of Insurance form, please request that your insurance broker/carrier complete the Certificate Holder block as follows:

Montgomery County, Maryland  
Department of Health and Human Services  
Contract Management Team  
401 Hungerford Drive, Sixth Floor  
Rockville, Maryland 20850  
Fax (240) 777-4464

- H. Financial Information – Please provide a copy of your agency’s most recent audited financial statement. In the case of a sole proprietor, an applicant can submit the prior year’s tax return. All applicants must submit additional data as requested by the County to help determine financial responsibility and resolve any questions concerning their financial soundness.
- I. Proof of legal name – Please provide the articles of incorporation and articles of amendment if applicable.
- J. Proof of tax ID number – Please provide a W-9 Tax form or a copy of Social Security card if Sole Proprietorship
- K. Proof of tax-exempt status – Please provide a determination letter from the IRS if applicable
- L. References- Please provide three (3) references including name, address, and phone number

Please return all of the above listed submissions to:

Montgomery County Department of Health and Human Services  
Attention: LBHA, Contract Monitoring Unit  
401 Hungerford Drive, 1st Floor  
Rockville, Maryland 20850

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**Pre-Approved Form Contract  
Open Solicitation # 1134870  
Psychiatric Support Services**

**BACKGROUND**

The Montgomery County Department of Health and Human Services (DHHS) seeks experienced and qualified entities and/or private practitioners to provide a variety of psychiatric services for adults, seniors, children, and adolescents who are referred by the County (“clients”). The County will assign clients to Contractors based on client need, language, and the ability of the Contractor to perform the services in the given timeframe. Psychiatric services will support programs in the various direct service areas in DHHS including Behavioral Health and Crisis Services and Aging and Disability Services. The required services include direct psychiatric services to clients, psychiatric assessment and evaluation of clients, and consultation to program clinical staff.

Psychiatric services must be provided at various locations in Montgomery County, including County office buildings, Montgomery County Public Health Clinics, the Montgomery County Correctional Facility, Montgomery County Detention Center and Pre-Release Center, the County Crisis Center, and other public and non-public facilities, hospitals, homeless shelters, nursing homes, private homes, and other community sites.

Psychiatric services may include individual therapy, group therapy, psychiatric evaluation and ongoing treatment, medication management, specialized treatments, assessment and evaluation services, crisis intervention services, as well as consultation, and education to County staff and the public.

Services will be provided at the request of the County and must be provided in collaboration with County clinical staff.

The Contractor’s application must clearly indicate, on Attachment C to this Contract, the specific scope(s) of services to be provided by the Contractor to the County. Psychiatric services required by the County include the following scopes of service outlined below:

Department of Health and Human Services

1. Addiction Specialist – Scope 1 – Addiction Outpatient and Residential Services
2. Addiction Specialist – Scope 2 – Medication Assisted Treatment
3. Addiction Specialist – Scope 3 - Bilingual English/Spanish Psychiatric Services
4. General Psychiatrist – Scope 4 - Bilingual English/Spanish Psychiatric Services
5. General Psychiatrist – Scope 5 – Crisis Services
6. On Call Psychiatrist – Scope 6 – On-Call Crisis Services
7. Child and Adolescent Psychiatrist – Scope 7 -

8. Child and Adolescent Psychiatrist – Scope 8 - Detention Center Services – Bilingual English/Spanish Psychiatric Services
9. Psychiatrist – Scope 9 – Victim Services
10. Psychiatrist – Scope 10 – In Home Services
11. Medication Assisted Treatment Physician (M.D.)
12. Nurse Practitioner
13. Physician Assistant – Psychiatric
14. Psychiatrist

## I. SCOPE OF SERVICES

The Contractor must provide the specified psychiatric services to clients referred by the County-to-County facilities and/or provide consultation to County staff, at the request of the County, in one or more of the specialty areas listed below.

### **Scope 1. Addiction Specialist – Addiction Outpatient and Residential Services**

This scope of service requires a minimum of twenty-three (23) hours of psychiatric services per week to clients in the Outpatient Addiction Mental Health Clinic (OMHC). The position must also serve as the Medical Director of the OMHC as needed. During the Contract term, the Contractor must also:

1. Provide psychiatric and medication management services to adults with substance abuse and co-occurring (mental health and substance abuse) disorders.
2. Provide comprehensive psychiatric assessments to clients.
3. Provide medication monitoring services to clients.
4. Assist in the development of individual treatment plans.
5. Prepare medical reports and provide responses to outside agencies as needed.
6. Provide psychiatric services in the Montgomery County OMHC.

Additionally, the Contractor must be responsible for providing clinical services including, at a minimum:

1. Establishing and maintaining American Society of Addiction Medicine (ASAM) Standards for treatment, including therapeutic modalities and prescribing practices.
2. Medical aspects of quality management (quality management is defined as the process by which the County maintains and improves quality of services).
3. Clinical supervision of medical staff, including a review of diagnostic formulation and documentation of physical examinations.
4. Treatment of chronic pain syndromes.

## **Consultation**

The Contractor must also provide consultation to County Staff, when requested by the County, for:

1. Developing a process by which the County's Outpatient Addiction Services Program grants privileges (privileging) to the medical and clinical staff of the program which includes psychiatrists, psychiatric nurses, LCSW-C's, LCPC's, LCADC's, and registered nurses. (Credentialing means ensuring that staff is appropriately licensed to perform the duties required by the OMHC, i.e., psychotherapy, diagnostic evaluations, psychosocial assessments, etc. Privileging is the process by which the Medical Director and Program Director grant clinical privileges to the clinical staff based on their experience, training, and licensure. This process is performed for all new clinical staff and on an annual basis.)
2. Granting, denying, suspending, or revoking privileges to perform specific services, based on:
  - a. A review of credentials, as outlined in Code of Maryland Regulations (COMAR) 10.21.17
  - b. An evaluation of the extent of relevant work experience, to include experience with the populations served by the County's Outpatient Addiction Services program not limited to the following:
    1. Adults with serious and persistent mental illness.
    2. Children and adolescents with serious emotional disturbance.
    3. Elderly individuals with mental illness.

## **Scope 2. Addiction Specialist – Medication Assisted Treatment**

This scope of service requires a minimum of ten (10) hours of psychiatric medication assisted treatment (methadone) services to clients under the clinical supervision of the OMHC Medical Director. During the Contract term, the Contractor must:

1. Provide psychiatric and medication management services to adults with substance abuse and co-occurring (mental health and substance abuse) disorders.
2. Provide comprehensive psychiatric assessments to clients.
3. Provide medication monitoring to clients.
4. Assist in the development of individual treatment plans.
5. Prepare medical reports and provide responses to outside agencies.
6. Perform annual physical examinations on all clients admitted into the program.
7. Treat chronic pain syndromes.

**Scope 3. Addiction Specialist – Bilingual English/Spanish Psychiatric Services**

This scope of service requires a minimum of five (5) hours per week bilingual English/Spanish psychiatric services in OMHC under the clinical supervision of the OMHC Medical Director. During the Contract term, the Contractor must:

1. Demonstrate and maintain fluency in Spanish/English.
2. Provide psychiatric and medication management services to adults with substance abuse and co-occurring (mental health and substance abuse) disorders.
3. Provide comprehensive psychiatric assessments to clients.
4. Provide medication monitoring to clients.
5. Assist in the development of individual treatment plans.
6. Prepare typed reports and provide responses to outside agencies, as needed.

**Scope 4. General Psychiatrist – Bilingual English/Spanish Psychiatric Services**

This scope of service provides a minimum of ten (10) hours per week of bilingual English/Spanish group psychotherapy and family psychiatric services to clients. During the Contract term, the Contractor must:

1. Demonstrate and maintain fluency in Spanish/English.
2. Perform initial psychiatric assessments, develop individualized care plans, and implement treatment for patients.
3. Evaluate, diagnose, and treat patients with mental illnesses through a combination of personal counseling (psychotherapy), psychoanalysis, hospitalization, and/or medication.
4. Prescribe psychopharmacological medications, as needed.
5. Provide medication evaluation and medication monitoring services to clients.
6. Complete records according to policy and procedures in a timely manner including initial evaluations, progress notes after each visit, medication records, and collaborate on treatment plan development.
7. Complete forms as needed for entitlements, pharmacy resources, lab requests etc.
8. Review clients' medical histories.
9. Provide medical referrals and initiate contact with hospitals, and other medical providers as needed.
10. Enter daily interactions into a computer database and review email messages daily.



11. Complete a monthly program summary and monthly client outcome measures, statistics, and other required paperwork on time.
12. Communicate effectively with clients and staff to ensure positive client outcome.
13. Collaborate effectively with multidisciplinary team members.
14. Provide services in congruence with cultural competency principles.
15. Work under the clinical supervision of the County designated Manager or Medical Director.

**Scope 5. General Psychiatrist – Crisis Services**

This scope of service requires a minimum of sixteen (16) hours per week of psychiatric services working under the administrative direction of the Manager of the Montgomery County Crisis Center, and under the clinical supervision of the Medical Director and Chief Psychiatrist for Behavioral Health and Crisis Services. During the Contract term, the Contractor must:

1. Provide initial, ongoing and diagnostic evaluations to clients including evaluations for co-occurring disorders.
2. Provide oversight of triage and evaluation crisis beds.
3. Evaluate and treat new clients and consult with staff regarding admitted clients.
4. Provide medication evaluations and medication monitoring services.
5. Complete records according to County policy and procedures in a timely manner to include initial evaluations, progress notes after each visit, and medication records.
6. Collaborate on treatment plan development.
7. Complete forms as needed for pharmacy resources, lab requests etc.
8. Review clients' medical histories, make medical referrals and initiate contact with hospitals, and other medical providers as needed.
9. Enter interactions with clients into a computer database within three (3) days of client contact.
10. Review emails as required by the County, complete monthly program summary and monthly client outcome measures, statistics, and other required paperwork on time.
11. Communicate with clients and County staff to ensure positive client outcomes.
12. Collaborate with multidisciplinary team members providing consultation regarding psychiatric care of clients.

13. Provide services in congruence with cultural competency principles.

**Scope 6. General Psychiatrist – On Call Crisis Services**

This scope of service requires a minimum of one hundred twenty-eight (128) hours of on call psychiatric services per month working under the administrative direction of the Crisis Center Manager and under the clinical supervision of the Medical Director and Chief Psychiatrist for Behavioral Health and Crisis Services.

1. Provide on call services **at least one time per month after hours (5 p.m. – 9 a.m. Monday through Friday), on weekends (24 hours) and holidays (24 hours) unless otherwise requested by the Crisis Center Manager). Services must include the following:**
  - a. Consultation over the telephone to clinical staff at the Crisis Center.
  - b. Face to face psychiatric and medication evaluations at the Crisis Center.
  - c. Provide other psychiatric care as needed while on call.

**Scope 7. Child & Adolescent Psychiatrist – Bilingual English/Spanish Psychiatric Services**

This scope of services requires provision of up to ten (10) hours per week of psychiatric services at each facility. The Contractor must maintain a minimum caseload of up to forty-five (45) clients in the Montgomery County Child & Adolescent Mental Health Clinic located at 8818 Georgia Avenue in Silver Spring and at 7300 Calhoun Place in Rockville. The following are required for both service locations.

1. Demonstrate and maintain fluency in English/Spanish.
2. Provide up to twenty (20) hours of services per week to clients at the County's Clinics.
3. Provide psychiatric evaluation, assessment, medication therapy, individual and group therapy to clients and their families.
4. Provide a minimum of two (2) psychiatric evaluations per day, as requested by the County, based on client needs.
5. Devote at least sixty percent (60%) of service time to face to face contact with assigned patients.
6. Collaborate with treatment staff regularly regarding patients, medication regimen, and health status and case management needs.
7. Provide psychiatric services a minimum of one evening per week [at least three (3) hours after five (5) p.m.], as requested by the County, based on program needs.

8. Provide psychiatric coverage for other psychiatrists as requested by the County; this may involve traveling to other locations as needed.
9. Inform the Program Manager and Medical Director of patients' progress.
10. Provide services that are sensitive to the ethnic/cultural backgrounds of patients.
11. Evaluate each client's need for psychotropic medication, prescribe medication, as required, and monitor client use of psychotropic medication.
12. Provide consultation services to all clinical staff on the staff interdisciplinary team regarding client treatment and service.
13. Maintain written records of contact notes, monthly progress notes, treatment plans, all medication evaluations, prescriptions, medication monitoring, and therapy provided to each client using State of Maryland standards set forth in the Code of Maryland Regulations (COMAR).
14. Submit daily and/or monthly statistics in a timely manner.
15. Initiate collaboration with external providers such as the Crisis Center, hospital staff, internists, schools, pharmacists, families, etc.

**Scope 8. Psychiatrist – Victim Services**

This scope of services requires a minimum of twelve (12) hours of psychiatric services per week. The Contractor must:

1. Demonstrate and maintain fluency in English/Spanish.
2. Provide psychiatric evaluation to adult clients in the Montgomery County Victim Assistance and Sexual Assault Program (VASAP).
3. Provide psychiatric evaluation to VASAP child and adolescent clients.
4. Provide medication therapy to VASAP child, adolescent, and adult clients.
5. Provide consultation to VASAP staff therapists working with clients in need of psychiatric evaluation and treatment.
6. Provide written evaluation on all clients seen and medication records on all clients medicated.
7. Appear in Court, upon receipt of a proper summons, to provide psychiatric information regarding program participants. Any services related to this item will be paid at the Forensic Services rate.
8. Complete forms as needed for pharmacy resources, lab requests, and other services, as requested by the County.
9. Coordinate with other medical providers, as needed.
10. Respond by telephone when contacted regarding client psychiatric emergencies.

### **Scope 9. Psychiatrist - In Home Services**

This scope of service requires a maximum of four (4) hours of service per week (which includes time spent charting and attending any related meetings) to assess County-referred clients requiring in-home psychiatric services. The Contractor must:

1. Provide in-home psychiatric evaluations, including competency evaluations, to determine diagnosis, and treatment recommendations for County-referred client
2. Provide written psychiatric evaluation for each client seen, which includes all five axes as shown in the current Diagnostic and Statistical Manual (DSM) of Mental Disorders for each client seen.
3. Provide consultation to all clinical staff on the staff interdisciplinary team regarding recommended interventions and/or services.
4. Attend scheduled multidisciplinary staff meetings at the request of the County.
5. Prepare Physician Certificates of competency (e.g., Competent to Stand Trial, etc.) on an as needed basis, at the request of the County and/or as required by State, federal, or local laws and regulations.
6. Provide services that are sensitive to the ethnic/cultural backgrounds of clients receiving psychiatric services.
7. Participate as a team member with County clinical staff.

### **Scope 10. Medication Assisted Treatment Physician (M.D.)**

This scope of service requires 24-40 hours per week of Medication Assisted Treatment Services (Buprenorphine, Methadone and Vivitrol/Naltrexone) to clients reporting to the Specialty Behavioral Health Program Medical Director at a designated County facility. The Contractor must:

1. Provide medication management services to adults with substance use disorders and co-occurring (substance use and mental health) disorders and consult with the MAT Program Medical Director regarding psychiatric services coordination.
2. Provide comprehensive psychiatric assessments to adult clients, in consultation with the MAT Program Medical Director.
3. Provide medication monitoring to adult clients.
4. Assist in developing individual treatment plans.
5. Prepare typed reports and provide responses to outside agencies as needed.
6. Provide medical/psychiatric consultation to staff and participate in multidisciplinary treatment teams.
7. Treat chronic pain syndrome.

**Scope 11. Nurse Practitioner**

This scope of service requires 20-40 hours per week of specialized professional community health nursing work, providing mental health services in an Advanced Practice Registered Nursing (APRN) role as a Certified Registered Nurse Practitioner-Psychiatric (CRNP-PMH). The CRNP-PMH serves individuals, families, or groups by conducting comprehensive psychiatric examinations, completing official clinical and non-clinical paperwork, ordering/performing/interpreting laboratory, and diagnostic tests, prescribing/dispensing psychotropic drugs, providing mental health therapy to patients and performing other CRNP functions as assigned and as consistent with state licensure/certification and regulations that apply to CRNP-PMH at a County designated facility. The Contractor must provide:

1. Direct psychiatric clinical care services, including prescribing and administering medications to individuals and families as part of a multi-disciplinary team.
2. Various therapeutic modalities and forms of psychotherapy, including making appropriate referrals, requesting laboratory and psychological tests, and utilizing results in the context of the patient's therapeutic needs, signing commitment papers and preparing other medico-legal documents when clinically indicated.
3. Maintaining appropriate patient records, data, test results, and statistics.
4. Posting appropriate results and notations in patient charts and preparing reports.

**Scope 12. Physician Assistant – Psychiatric**

This scope of services requires 20-40 hours per week of specialized physician assistant services, providing mental health services, including assessment, planning and treatment under the supervision of a physician. The Contractor must:

1. Perform examinations on patients including comprehensive physical examinations.
2. Compile patient medical data.
3. Order and interpret appropriate laboratory tests
4. Write progress notes, conduct patient education, write prescriptions, and prepare discharge summaries.

**Scope 13. Psychiatrist**

This scope of services requires 20-40 hours of psychiatric services reporting to the clinic Medical Director. The Contractor must:

1. Perform initial psychiatric assessments, develop individualized care plans, and implement treatment for patients.
2. Evaluate, diagnose, and treat patients with mental illnesses through a combination of personal counseling (psychotherapy), psychoanalysis, hospitalization, and/or medication.
3. Prescribe psychopharmacological medications, as needed.
4. Provide medication evaluation and medication monitoring services to clients.
5. Complete records according to policy and procedures in a timely manner including initial evaluations, progress notes after each visit, medication records, and collaborate on treatment plan development.
6. Complete forms as needed for entitlements, pharmacy resources, lab requests etc.
7. Review clients' medical histories.
8. Provide medical referrals and initiate contact with hospitals, and other medical providers as needed.
9. Enter daily interactions into a computer database and review email messages daily.
10. Complete a monthly program summary and monthly client outcome measures, statistics, and other required paperwork on time.
11. Communicate effectively with clients and staff to ensure positive client outcome.
12. Collaborate effectively with multidisciplinary team members.
13. Provide services in congruence with cultural competency principles.
14. Work under the clinical supervision of the County designated Manager or Medical Director.

## **II. RECORDS AND REPORTS**

- A. The Contractor must maintain and provide written records and reports as required by federal, State and local laws. These records and reports must include, but are not limited to, diagnoses and medications prescribed to each client and reports required by the Courts and legal system.
- B. All client records must be kept in a confidential file. These records must comply with all applicable federal, State, and local laws, statutes, regulations, and policies regarding client privacy, confidentiality, and privilege. The Contractor must comply with the Health Insurance Portability and Accountability Act (HIPAA) and all other federal, State, and local laws and regulations governing the confidentiality of medical records.

### **III. COMPENSATION**

- A. The County will compensate the Contractor for services rendered at a pre-determined rate listed at:  
<https://www.montgomerycountymd.gov/HHS-program/coo/contractmgmt/cmtcursolicits.html>
- B. No services will be performed or compensated under this Contract prior to the execution and receipt of a County Purchase Order and Notice(s) to Proceed and the Contractor's receipt of said County Purchase Order containing a total compensation amount.
- C. Compensation must not exceed funds appropriated by the County and encumbered into the County Purchase Order issued to the Contractor.
- D. Payment will be made only for services provided in accordance with the scopes of service outlined in this Contract. Idle time will not be compensated with the exception of the On Call Psychiatric Services scope (Scope 6).

### **IV. INVOICES**

The Contractor must submit monthly invoices and supporting documentation in a format approved by the County no later than the 15th day following the end of each month. Upon receipt, acceptance and approval of the Contractor's invoice, the County will make payment, net 30 days, at the rates set forth in Article III., Compensation, above. All required reports and other supporting documentation must be provided with the Contractor's monthly invoice. Invoices must be sent to the Program Monitor designated by the County.

### **V. TERM**

This Contract will become effective upon signature by the Director, Office of Procurement, and will be for an initial two-year term. Before the Contract term ends, the Director may, but is not required to, renew this Contract for an additional term, if the Director determines that renewal is in the best interest of the County. The Director may exercise this option to renew two (2) additional times for two (2) years each. Satisfactory performance does not guarantee renewal of this Contract. Following the conclusion of the final term of this Contract, the Contractor, if still interested in providing these services, must re-apply for a new contract under Open Solicitation 1134870, Psychiatric Support Services, or any replacement Open Solicitation issued by the County for these services.

**VI. GENERAL CONDITIONS AND INSURANCE**

The General Conditions of Contract Between County and Contractor (“General Conditions”) are incorporated by reference and made a part of this Contract as Attachment A. The following insurance requirements supersede the insurance requirements set forth in Provision 21, Insurance, of the General Conditions.

**MANDATORY INSURANCE REQUIREMENTS**

***Psychiatric Services - On & Off County Facilities*** - Open Solicitation 1134870

Prior to the execution of the contract by the County, the proposed awardee/contractor and their contractors (if requested by County) must obtain, at their own cost and expense, the following *minimum* (not maximum) insurance coverage with an insurance company/companies licensed to conduct business in the State of Maryland and acceptable to the Division of Risk Management. This insurance must be kept in full force and effect during the term of this contract, including all extensions. The insurance must be evidenced by a certificate of insurance, and if requested by the County, the proposed awardee/contractor shall provide a copy of the insurance policies and additional insured endorsements. The minimum limits of coverage listed below shall not be construed as the maximum as required by contract or as a limitation of any potential liability on the part of the proposed awardee/contractor to the County nor shall failure to request evidence of this insurance in any way be construed as a waiver of proposed awardee / contractor’s obligation to provide the insurance coverage specified. The Contractor’s insurance shall be primary. Coverage pursuant to this Section shall not include any provision that would bar, restrict, or preclude coverage for claims by Montgomery County against Contractor, including but not limited to “cross-liability” or “insured vs insured” exclusion provisions.

**Commercial General Liability**

A minimum limit of liability of ***one million dollars (\$1,000,000), per occurrence***, for bodily injury, personal injury and property damage coverage per occurrence including the following coverages:

- Contractual Liability
- Premises and Operations
- Independent Contractors & Subcontractors
- Products and Completed Operations
- Sexual Abuse and Molestation

**Professional Liability (Errors and Omissions Liability)**

The policy shall cover professional errors and omissions, negligent acts, misconduct or lack of ordinary skill during the period of contractual relationship and services rendered with the County with a limit of liability of at least:

<b><i>Each Claim</i></b>	<b><i>\$1,000,000</i></b>
<b><i>Aggregate</i></b>	<b><i>\$3,000,000</i></b>

In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be



maintained or an extended discovery period will be exercised for a period of three (3) years beginning at the time work under this Contract is completed.

Cyber Liability Insurance, in an amount not less than **one million dollars (\$1,000,000)** per occurrence and annual aggregate, covering all acts, errors, omissions, negligence, infringement of intellectual property, network / cyber and privacy risks (including coverage for unauthorized access, ) failure to protect confidential information (personal and commercial information) from disclosure; failure of security, virus transmission, data damage/destruction/corruption, breach of privacy perils, unintentional or wrongful disclosure of information, as well as notification costs and regulatory defense) in the performance of services hereby contracted for with Montgomery County, Maryland or on behalf of Montgomery County, Maryland hereunder. The policy shall contain affirmative coverage for contingent bodily injury and property damage emanating from the failure of the technology services or an error or omission in the content/information provided. Such insurance shall be maintained in force at all times during the term of the agreement and for a period of 3 years thereafter for services completed during the term of the agreement.

Worker's Compensation/Employer's Liability (Waive if no employees)

Meeting all statutory requirements of the State of Maryland Law and with the following minimum Employers' Liability limits:

**Bodily Injury by Accident - \$100,000 each accident**

**Bodily Injury by Disease - \$500,000 policy limits**

**Bodily Injury by Disease - \$100,000 each employee**

Additional Insured

Montgomery County, Maryland, its elected and appointed officials, officers, consultants, agents and employees, must be included as an additional insured on an endorsement to Contractor's commercial general, automobile insurance, and contractor's excess/umbrella insurance policies if used to satisfy the Contractor's minimum insurance requirements under this contract, for liability arising out of contractor's products, goods and services provided under this agreement. The Additional Insured endorsements shall have no added exclusions or limitations of coverage to limits of liability contractually required; or percentage of negligence attributed to the named insured. The stipulated limits of coverage above shall not be construed as a limitation of any potential liability of the contractor.

Policy Cancellation

Should any of the above policies be cancelled before the expiration date thereof, written notice must be delivered to the County in accordance with the policy provisions.

Certificate Holder

Montgomery County, Maryland  
DHHS/CMT  
401 Hungerford Drive, 6<sup>th</sup> floor  
Rockville, Maryland 20850

## **VII. CONTRACT ADMINISTRATOR**

The Contract Administrator for this Contract is: Ijeoma Oji, Team Lead, Contract Management Team, 401 Hungerford Drive – 6<sup>th</sup> Floor, Rockville, MD 20850; Telephone #: 240-777-3807, e-mail – Ijeoma.Oji@montgomerycountymd.gov

## **VIII. PRIORITY OF DOCUMENTS**

The following documents are incorporated by reference into and made part of this Contract and are listed in order of legal precedence below in the event of a conflict in their terms:

1. This Contract document;
2. The General Conditions of Contract Between County and Contractor (Attachment A);
3. Business Associate Agreement (Attachment B);
4. Scope Selection Form (Attachment C);
5. Application/Vendor Information Form (Attachment D);
6. Wage Requirement Certification (Attachment E);
7. Minority-Owned Business Addendum to General Conditions of Contract Between County and Contractor and Minority, Female Disabled Person Subcontractor Performance Plan (Attachment F);
8. Minority Business Program & Offeror's Representation (Attachment G); and
9. Bilingual Certification (Attachment H).

SIGNATURE PAGE FOLLOWS

**Signature Page - Open Solicitation # 1134870**

Psychiatric Support Services

This Contract which incorporates by reference the Scope of Services Selection Form, the Application/Vendor Information Form, the General Conditions of Contract Between County and Contractor, the Open Solicitation Packet including the Notice to Vendors, Instructions, and Minimum Requirements of Applicants, the Approved Form Contract with Attachments A, B, C, D, E, F, G, H, copies of which have been provided to the Contractor, is entered into this \_\_\_\_\_ day of \_\_\_\_\_, by and between \_\_\_\_\_ hereinafter referred to as the "Contractor" and Montgomery County, Maryland. This Contract will become effective on the date of signature by the Director, Office of Procurement. This Contract and any renewals or extensions of this Contract are subject to the appropriation and encumbrance of funds.

<p><b>Part A: Contractor's Offer to Provide Services:</b> (Prospective Contractor must Complete)</p>	<p><b>Part B: County Acceptance:</b></p>
<p>_____</p>	<p>MONTGOMERY COUNTY, MARYLAND</p>
<p>Agency Name</p>	<p>_____</p>
<p>Signature</p>	<p>Avinash G. Shetty, Director Office of Procurement</p>
<p>_____</p>	<p>_____</p>
<p>Typed</p>	<p>Date</p>
<p>_____</p>	<p>RECOMMENDED:</p>
<p>Title</p>	<p>_____</p>
<p>Date</p>	<p>Raymond L. Crowel, Psy. D., Director Department of Health and Human Services</p>
<p>_____</p>	<p>_____</p>
<p>_____</p>	<p>Date</p>
<p>_____</p>	<p>THIS FORM HAS BEEN APPROVED AS TO FORM AND LEGALITY BY THE OFFICE OF THE COUNTY ATTORNEY</p>

# ATTACHMENTS

**Attachment C – Scope Selection Form**

**OPEN SOLICITATION #1134870**

**The attached application is for the following scope(s) of service. Check all that apply:**

1. Addiction Specialist – Scope 1 –  
Addiction Outpatient and Residential Services \_\_\_\_\_
2. Addiction Specialist – Scope 2  
Medication Assisted Treatment \_\_\_\_\_
3. Addiction Specialist – Scope 3  
Bilingual English/Spanish Psychiatric Services\* \_\_\_\_\_
4. General Psychiatrist Scope 4  
Bilingual English/Spanish Psychiatric Services\* \_\_\_\_\_
5. General Psychiatrist – Scope 5  
Crisis Services \_\_\_\_\_
6. On-Call Psychiatrist – Scope 6  
On-Call Crisis Services \_\_\_\_\_
7. Child and Adolescent Psychiatrist – Scope 7  
Bilingual English/Spanish Psychiatric Services\* \_\_\_\_\_
8. Child and Adolescent Psychiatrist – Scope 8  
Detention Center Services  
Bilingual English/Spanish Psychiatric Services\* \_\_\_\_\_
9. Child and Adolescent Psychiatrist – Scope 9  
Victim Services \_\_\_\_\_
10. Geriatric Psychiatrist – Scope 10  
In-Home Services \_\_\_\_\_
11. Medication Assisted Treatment Physician (M.D.)  
Scope 11 \_\_\_\_\_
12. Nurse Practitioner – Scope 12 \_\_\_\_\_

- 13. Physician Assistant – Psychiatric – Scope 13 \_\_\_\_\_
- 14. Psychiatrist – Scope 14 \_\_\_\_\_

\

\*Offerors applying to provide services under Scopes 3, 4, 7, and/or 8 must complete and sign a Bilingual Certification form (Attachment H). Note by signing this form, the Offeror is attesting, under oath, to the fact that Offeror is able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which Offeror is applying for a contract in both the English and Spanish languages.

**Attachment D**

**Open Solicitation #1134870 Psychiatric Support Services**

**APPLICATION/VENDOR INFORMATION FORM**

Name of Applicant: \_\_\_\_\_  
(Organization or Sole Proprietor Name)

Federal Taxpayer Identification Number (TIN) or Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

E-mail Address (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of Entity, e.g., for-profit, not-for-profit: \_\_\_\_\_

Acknowledgment:

I have received a copy of the packet for Open Solicitation #1134870, reviewed the documents, and agree to the solicitation's requirements, including the insurance requirements. I have received a copy of the County's General Conditions (Attachment A to the Pre-Approved Form Contract) and accept those terms and conditions.

\_\_\_\_\_  
Signature of Person Completing this Form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Documentation of Legal Name**

**Attachment H**  
**Bilingual Certification**

Each Offeror must complete and sign this form when applying for a contract involving any or all scope(s) of work that require(s) bilingual English/Spanish services. By completing and signing this form, the Offeror is attesting, under oath, to the fact that Offeror is able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which Offeror is applying for a contract (which are checked below), in both the English and Spanish languages.

Please check the scope(s) for which Offeror is applying under this open solicitation.

\_\_\_\_\_ **Scope 3. Addiction Specialist – Bilingual English/Spanish Psychiatric Services**

\_\_\_\_\_ **Scope 4. General Psychiatrist – Bilingual English/Spanish Psychiatric Services**

\_\_\_\_\_ **Scope 7. Child & Adolescent Psychiatrist – Clinic Services- Bilingual English/Spanish Psychiatric Services**

\_\_\_\_\_ **Scope 8. Child & Adolescent Psychiatrist – Detention Center Services- Bilingual English/Spanish Psychiatric Services**

By my signature below, I, \_\_\_\_\_, hereby swear, attest, and affirm, under the penalties of perjury, that I am able to fluently speak, listen, read, comprehend, and otherwise communicate and provide the required services for which I am applying for a contract (which are checked above), in both the English and Spanish languages. I further acknowledge and understand that this representation and certification is part of the consideration I provide in order to enter into a contract, pursuant to an Open Solicitation, with Montgomery County, MD.

Signature of Offeror: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF MARYLAND     )  
  )  
COUNTY OF MONTGOMERY)

I HEREBY CERTIFY THAT ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 202 , before the subscriber, a Notary Public of the State of Maryland, in and for the said County, personally appeared \_\_\_\_\_ (party signing the above Bilingual Certification) and to me personally known to be the signer and sealer of the foregoing Bilingual Certification and that person acknowledged that the person voluntarily executed the Bilingual Certification for the purposes and consideration therein expressed.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_