

**ST. MARY'S COUNTY HEALTH DEPARTMENT**  
**Clinical Services Division**  
**REQUEST FOR PROPOSALS**  
**FISCAL YEAR 2025**  
**25-07**

**Overview**

The St. Mary's County Health Department (SMCHD) Clinical Services Division and Behavioral Health Division seek proposals from qualified vendors to provide comprehensive services for behavioral health payer enrollments, credentialing, and billing training. The selected vendor will be responsible for enrolling behavioral health providers (including Psychiatric Nurse Practitioner(s), Licensed Clinical Social Workers, and Licensed Clinical Professional Counselors with Medicaid, Medicare, and commercial insurers, completing the credentialing process and delivering training to both billing and clinical staff on best practices for behavioral health billing in the public health setting.

The initial term of this contract shall be for Fiscal Year 2025, through June 30<sup>th</sup>, 2025. The contract may be renewed for up to three (3) additional years, contingent upon the availability of funding, satisfactory performance, and mutual agreement between the parties.

**Eligibility Requirements**

To apply for the Behavioral Health Billing Consultant, an organization or person must:

- Demonstrate experience and in-depth knowledge of Maryland's behavioral health billing systems
- Be experienced in training both billing and clinical staff on revenue cycle management
- Be able to provide customized training tailored to agency needs
- Be available to begin providing contractual services within thirty (30) days of the notice of award
- Registered to conduct business with the State of Maryland and have the ability to provide a financial statement

**For more information, contact:**

Alicia Nelson  
St. Mary's County Health Department  
21580 Peabody Street, PO Box 316  
Leonardtown, Maryland 20650  
alicia.nelson@maryland.gov  
301-475-4330 Main Number

**Program Background**

St. Mary's County Health Department opened the first school-based health centers in Southern Maryland at Spring Ridge Middle School and Margaret Brent Middle School in 2022. These SBHCs have been providing medical services to St Mary's County Public Schools students and staff during the school day and all community members outside of school hours. In 2025, SMCHD is adding behavioral health services to these locations, including individual, group, and family counseling, group education, and diagnosis and treatment by a licensed psychiatric clinician(s).

## RFP 25-07 Behavioral Health Billing Consultant - St. Mary's

In 2023, St. Mary's County Health Department opened the Health Hub in Lexington Park, MD. Within this location is the crisis walk-in services program, offering short-term behavioral healthcare that includes medication management, individual counseling, peer recovery services, and case management. Once requirements are met, St Mary's County Health Hub aims to receive CARF accreditation.

### **Proposal Process**

The SMCHD review team will review and grade all responding proposals based on organizational capacity and experience with behavioral health credentialing and payer enrollments, a projected timeline for completing deliverables, and proposed costs. The awarded amount will not exceed \$75,000; preference will be given to adequately responsive proposals with lower fees.

### **Staffing Requirements**

The Awardee shall:

1. Employ staff trained to complete tasks as described above.
2. Ensure staffing is such that deliverables are returned on the specified dates.

### **Auditing**

The Awardee will make documents and records related to the proposed work available for audit/evaluation to entitled Federal, State, and County officials upon request.

### **Invoicing**

Invoices for work, services, and items not on the project timeline and/or not approved by SMCHD may result in denial of further funding. The awardee must provide receipts and other documentation of expenditures. Receipts and proof of payment will be required for reimbursement.

Invoices are to be submitted monthly as agreed upon in the service contract by the 15th of the month following the end of the invoicing period to:

SMCHD Accounts Payable at [smchd.ap@maryland.gov](mailto:smchd.ap@maryland.gov)

*With a copy to:*

Alicia Nelson at [alicia.nelson@maryland.gov](mailto:alicia.nelson@maryland.gov)

### **Agreement**

The Awardee shall enter a Service Contract and Business Associate Agreement with SMCHD.

### **Auditing/Monitoring**

Auditing and monitoring ensure compliance with applicable regulations, laws, and contract requirements. Selected Awardee agrees, as per State of Maryland Department of Health Local Health Department Funding Systems Manual section 2180.04, to be audited upon request by the MDH Chief, Audit Division, or the St. Mary's County Health Department Fiscal Chief.

### **Termination for Non-Performance**

Either SMCHD or the Awardee may terminate any Agreement resulting from this request by giving the other party thirty (30) days written notice.

If the Awardee fails to fulfill in a timely and proper manner its obligations under the Agreement, or if the Awardee shall violate any terms of the Agreement, the SMCHD, at its sole discretion, may immediately terminate the Agreement by giving written notice to the Awardee.

### **APPLICATION DEADLINE AND SUBMISSION**

Responding proposals for the Behavioral Health Billing Consultant must be submitted by **5:00 PM Eastern Standard Time on Thursday, April 24, 2025**. Application instructions are in Attachment One.

Submit via email one copy of the cover page, proposal narrative, and any applicable supporting documents with the subject line "Response to RFP #25-07" to SMCHD Contracts Department at [smchd.contracts@maryland.gov](mailto:smchd.contracts@maryland.gov) and a copy to Alicia Nelson at [alicia.nelson@maryland.gov](mailto:alicia.nelson@maryland.gov).

Proposals received after 5:00 PM Eastern Standard Time on Thursday, April 24, 2025, will not be considered for review. Faxed or mailed proposals will not be accepted.

### **REVIEW PROCESS**

A panel of reviewers will conduct the application review using the rating scale below. The decision to contract funds of any amount will be final and based on the application's merits. Applications will be evaluated for:

<b>Category</b>	<b>Points Possible</b>
<b>1</b> Organization Experience & Capacity	20
<b>2</b> Scope of Work	35
<b>3</b> Data Security Strategies	20
<b>4</b> Project Timeline	10
<b>5</b> Budget	15
<b>Total Points Possible:</b>	<b>100</b>

**Attachment 1**  
**ST. MARY'S COUNTY HEALTH DEPARTMENT**  
**Behavioral Health Billing Consultant**  
**APPLICATION INSTRUCTIONS**

Fiscal Year 2025 Behavioral Health Billing Consultant proposals should not exceed ten (10) pages. Please use headings that correspond to the evaluation criterion outlined below. Please provide detailed information in your narrative to address all the elements in the evaluation criteria listed below:

1. **Provider Expertise and Organizational Capacity:** Description of provider expertise and organizational capacity to provide Behavioral Health Billing and training services as described.
2. **Scope of Work**
3. **Data Security Strategies**
4. **Project Timeline:** Clear and concise timeline with descriptions for the implementation of project milestones.
5. **Line Item Budget and Budget Narrative:** *(may submit as an attachment and does not count towards page count)*
  - a. **Line Item Budget** for FY2025 (July 1, 2024 - June 30, 2025) Budget should align with the proposed activities. Funding may not exceed \$75,000 in total.
  - b. **Budget Narrative** describing the funding needed to support the proposed project.

**Attachment 2**  
**ST. MARY'S COUNTY HEALTH DEPARTMENT**  
**Behavioral Health Billing Consultant**  
**APPLICATION COVER PAGE**

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Amount of Funds Requested:** \_\_\_\_\_

*(Please indicate the amount for each year of the contract, if applicable)*

<b>Address:</b> _____	<b>Email:</b> _____
<b>Address 2:</b> _____	<b>Phone:</b> _____
<b>City, State, Zip</b> _____	<b>Fax:</b> _____
<b>Email:</b> _____	<b>Phone:</b> _____

<b>Contact Person 1:</b> _____	<b>Title:</b> _____
<b>Email:</b> _____	<b>Phone:</b> _____

<b>Contact Person 2:</b> _____	<b>Title:</b> _____
<b>Email:</b> _____	<b>Phone:</b> _____

**Is Your Organization Community-Based? (Y/N)** \_\_\_\_\_

**Does Your Organization Have Nonprofit Status? (Y/N)** \_\_\_\_\_

**Date of Nonprofit Status:** \_\_\_\_\_ **Federal Identification No.:** \_\_\_\_\_

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For SMCHD Use Only**  
**Attachment 3**  
**ST. MARY'S COUNTY HEALTH DEPARTMENT**  
**Behavioral Health Billing Consultant**  
**RFP RATING SHEET**

Organization/Facility Name: \_\_\_\_\_

Category	Possible Points	Score Given
1) Organization Experience & Capacity	20	_____
2) Scope of Work	35	_____
3) Data Security Strategies	20	_____
4) Project Timeline	10	_____
5) Budget & Budget Narrative	15	_____
<b>Total:</b>		<b>100</b>

**Notes**

\_\_\_\_\_  
Reviewer Name

\_\_\_\_\_  
Date