

Request for Proposals:

Temporary Cash Assistance (TCA) Substance Abuse Treatment Services (SATS) Program

Release Date: March 16, 2026

Due Date: April 17, 2026



Calvert County Local Behavioral Health Authority (LBHA)

P.O. Box 980

PRINCE FREDERICK, MD 20678

443-295-8584 ext. 101

BACKGROUND

The provisions of the Welfare Innovation Act require that a substance use disorder counselor designated as a SATS Specialist be on site at the Local Department of Social Services. The counselor is responsible for screening, assessment, and referrals to treatment services. They are also responsible for conducting urinalysis as a part of the program and provide case management of all cases that enter into treatment or are in treatment at time of screening.

This program funds a Licensed Addiction Counseling Professional who is responsible for screening, assessment, and referral to treatment for individuals that are referred by Local Department of Social Services (LDSS) case workers. Case management and care coordination will be provided to individuals meeting criteria for substance use counseling services to assist them in meeting their goals and maintaining recovery. All efforts must be documented, and records must be stored in a HIPPA compliant manner. Records must be retained for 5 years following the discharge of the client.

General Requirements

The selected vendor is required to hire a 0.6 FTE substance use disorder counselor that is credentialed through the Maryland Board of Professional Counselors and Therapists. The program must also employ a supervisor that will oversee the implementation and maintenance of the program. A contingency plan must be developed to ensure continuity of services when an employee turnover occurs, or the associated staff are on extended medical leave. The contingency plan must be submitted within 15 days and will outline plans to maintain the program; the name, credentials, number of hours, and days of the week that coverage will occur; the start date of coverage; contact information of the individual(s) providing coverage; and the steps taken to inform the LDSS of the change and coverage plans.

Eligible Use of Funding:

1. All reimbursable funds must be used before other funding
2. Salary/fringe for the Addiction Specialist
3. Urinalysis based on clinical observation of individuals referred by LDSS and as required by the program for Food Supplement Clients
4. Indirect

Ineligible Use of Funding:

1. The SATS funding is strictly for the SATS program and will only cover items that are delineated in the Conditions of Award

Annual Performance Requirements:

1. # of individuals referred to the program
2. # of individuals referred that are successfully screened
3. 90% of individuals referred to the program are successfully screened
4. # of individuals referred for assessments
5. # of individuals referred that are successfully assessed
6. 75% of individuals referred are successfully assessed
7. # of individuals referred for treatment
8. # of individuals that successfully enter treatment
9. 75% of individuals referred successfully enter treatment
10. # of individuals who successfully complete treatment
11. 50% of individuals successfully complete treatment

12. 4 regularly scheduled meetings with LDSS and LBHA

Population of Focus

The STAS Specialist shall provide services to the following populations at the Local Department of Social Services:

- Adults who receive Temporary Cash Assistance (TCA)
- Parents of minors who receive TCA
- TCA recipients undergoing redetermination
- Supplemental Nutrition Assistance Program (SNAP) participants
- SNAP recipients undergoing redetermination
- Child Welfare Referrals (TCA eligible)
- Pregnant Women
- Others (including referrals that are not in the categories mentioned)

Location and Partnership Details

The SATS Specialist is required to provide services on site at the Calvert County Department of Social Services during all hours employed through this award as well as for any local or State site visits. Referrals for services will be provided by LDSS case workers from each of the eligible programs. Referral forms must include the CARES number from the case worker prior to processing. All participants will sign a consent form to share progress updates with the LDSS case worker. If the individual refuses, the LDSS case worker must be informed. The Specialist will provide updates to the LDSS case manager at each reportable event or recertification utilizing the appropriate forms to communicate ongoing information about the individual’s progress and compliance with treatment recommendations. The client’s file should track treatment milestones with next step indicators in 30-day intervals until the individual is discharged from treatment. The program must adhere to the work requirements outlined by each LDSS program.

MAXIMUM AWARD AMOUNT

The LBHA has received conditional funding approval for **\$57,239** annually for the TCA SATS Program. The LBHA expects the program to be fully implemented throughout FY 2027. The term of this agreement shall be for the period commencing on July 1, 2026 and ending on June 30, 2027. Offerors should submit a single budget covering this period, including any start-up costs. Offerors should plan to implement the program no later than 30 days after notification of grant award.

After the initial year of funding, the Contract will be renewable for an additional two (2) years on a year-to-year basis for a total of three (3) Years, provided the contract deliverables are met and there is continued funding from MDH.

ELIGIBILITY

Any public or private human service agency may apply for funding under this request for proposal. Interested parties will be willing to:

- Attend the scheduled Pre-Bid conference
- Commit to attend any meetings requested by the LBHA
- Be able to provide the contracted materials and outcomes within the award period

- Have at least 3 years of experience providing substance use assessment and case management services to adults.
- Applicants should have knowledge of Calvert County’s public behavioral health system and the target population outlined in this RFP.
- Applicants should have a strong commitment to provide culturally competent, high quality services to eligible consumers within diverse communities in Calvert County.
- SATS Addiction Specialists must be credentialed by the Maryland State Board of Professional Counselors and Therapists

DATA AND REPORTING

The Awardee will make any/all documents and records available for audit/evaluation to entitled Federal, State and County officials upon request. Calvert County LBHA will establish and conduct regular program monitoring site visits and record reviews that will include assessing compliance with all Federal, State, and Local conditions of award, health and safety reviews, fiscal and data information, and quality management of service processes. Provider shall furnish statements, records, reports and other information pertaining to matters covered by this Agreement that may be requested by LBHA or the Maryland Department of Health or any of their agents on a monthly basis. Reports are due to the LBHA by the 4th of the month following the reporting period. Payroll, Urinalysis, and other back-up documentation may be requested with monthly reports.

All monthly reports must be completed via the received Grant Monitoring Tool(s) and submitted no later than their established due date. Failure to submit a report by its scheduled deadline may result in negative impacts. Reports must be completed in their entirety, including a detailed narrative that indicates the progress made within the reporting period, as well as any challenges, successes, lessons learned, staff changes, etc. Should reports not be submitted with a detailed narrative, the form will be considered incomplete and returned to the Provider.

All grants are expected to complete the Staff Monitoring Tool and submit it at the end of each quarter, with their Grant Monitoring Tool. The Staff Monitoring Tool must feature all positions that are funded through the award, if they are filled or vacant, the year to date Expenditures for both Fringe and Salary, along with the FTE Status (1, .8, .6, etc.). Should the tool not contain the necessary information, it will be considered incomplete and returned to the Provider. The provider will also update the LBHA immediately when any turnover or extended absence within the SATS Specialist position occurs as well as submitting a contingency plan outlining how duties will be maintained during the vacancy.

If, at any time, additional information is requested by either the LBHA or Maryland Department of Health via the LBHA, this information must be provided within 5 business days, if it is not an urgent matter. Any difficulties providing this information must be reported to the LBHA within 2 business days.

The LBHA has the right to modify the Grant Monitoring Tool and Staff Monitoring Tool, as needed, at any time, to maintain compliance and to meet the reporting needs of the Maryland Department of Health.

The SATS Addiction Specialist will:

1. Enter all data elements into the SATS Data System
2. Update the Online Work Readiness Assessment (OWRA) tool for all clients and assist them in securing employment and meeting program requirements in ways tailored to the strengths of the individual customer

GRANT AGREEMENT AND TERMINATION FOR NON-PERFORMANCE

The LBHA may terminate the agreement with the selected vendor:

- 1) Due to lack of funding.
- 2) For cause.
- 3) By mutual agreement with Provider.

For cause shall be defined as Provider's failure to fulfill in a timely and proper manner its obligations, or substantial violation by Provider of any of the covenants or stipulations of the grant Agreement. In addition to the rights described above, either party may terminate this Agreement for any reason at any time giving 90 days advance written notice to the other party by certified mail. Upon termination, any funds forwarded by LBHA to Provider but not utilized in the performance of services under this Agreement or any amounts that are subject to refund shall become the property of the LBHA and shall be refunded to the LBHA.

INVOICING

Invoices are to be submitted quarterly unless otherwise agreed upon by the LBHA and the selected vendor along with a MDH 437 funding request form, a MDH form 438, and an itemized list of expenditure by line item. The Awardee must give monthly reports of work, services and items that have been approved by the Calvert County LBHA per the project timeline and budget at regular meetings between the Awardee and the Calvert County LBHA. Invoices for work, services and items not on the project timeline and/or not approved by the Calvert County LBHA may result in denial of further funding.

PROPOSAL FORMAT AND REQUIREMENTS

Proposal narratives submitted in response to this request shall not exceed 10 typed, single-sided, single-spaced pages and should address the criteria specified below. Use 12-point font and 1-inch margins. Budget pages Maryland Behavioral Health Administration Forms 432A thru 432H and attachments, such as letters of reference, are not included in the 10-page maximum. It shall contain a one-page executive summary.

At a minimum, each proposal shall include the following items in the stated order; all pages shall be numbered, and all the listed components must be included. Proposals which do not include all components will be considered non-responsive and therefore not reviewed or considered for funding.

1. **Transmission letter:** A formal letter stating your intent to provide the services you are proposing and that you have the authority to do so. Provide name or organization, address, and all contact information, including primary contact person.
2. **Approval of Governing Body:** A letter or memo which states that you have the approval and support of your governing body to submit such proposal.
3. **Program budget:** Use Maryland Department of Health Forms 432A thru 432H, (Appendix A - Is published as a separate document). The budget should specify costs including salaries and fringe, rent, supplies, mileage, etc. A budget narrative justification must accompany the budget or the proposal may not be considered for evaluation. Line item justifications must address how costs were established as well as provide justification for how all costs relate to the implementation of the program.
4. **Proposed Program:**
 - a. **Population to be served:** Describe your understanding of the needs of consumers who are actively involved in the TCA SATS Program. Discuss your experience and expertise

- working with such populations and what you consider the primary issues for these consumers.
- b. **Capacity:** Describe your organization's experience providing any similar services and the results those services have achieved.
 - c. **Detailed Work Plan:** Describe the services you intend to provide including a work breakdown. What constellation of services will you provide? Who will provide the services? What are their qualifications? In what setting will the services take place?
 - d. **Evaluation:** Describe your quality assurance processes. Cite any results of consumer satisfaction surveys or program evaluations if they are available.
 - e. **Staffing:** What are the qualifications of staff involved in the program? What experience do they have? What will their roles be? How frequently will supervision occur? What are the qualifications of the staff responsible for collecting and submitting data to the CCLBHA in a timely fashion? Describe cultural competency of the staff.
 - f. **Professional Collaboration:** If provider intends to use other qualified professionals outside of their organization, who would they be? What are the roles and qualifications of proposed collaborators?
 - g. **Other Collaborative Relationships:** Describe your history of providing services in Calvert County and any collaborative relationships you have established. How will you market this program to referral sources and participants? Please list and describe any collaborative relationships with local resources that will benefit program participants. Letters of Support from these programs and organizations is preferred.
 - h. **Timeline for Implementation:** Please include a timeline showing when you will accomplish all of the major tasks associated with program start-up and implementation, including hiring, marketing, training, supervision, evaluation, etc.
5. **Organizational Capacity Statement:** If incorporated, attach a copy of the most current articles of incorporation. Additionally, submit a roster of all members of the organization's board of directors, including addresses and telephone numbers. Indicate consumer/family representation.
 - a. Attach an organizational chart, illustrating the relationship of the TCA SATS Program services to the other programs in the agency,
 - b. If the provider is licensed by the Maryland, Behavioral Health Administration, provide the date of the applicant's last licensing visit and briefly describe the findings and recommendations. This should include program approval status and any program improvement plans,
 - c. Attach copies of most recent financial audit and any other reports which demonstrate the organization's fiscal soundness,
 - d. Include a statement describing recruitment (in compliance with the Equal Employment Opportunity (EEO) guidelines and the Americans with Disabilities Act (ADA), training, and supervision of personnel to work in this program.
 6. **Licenses and Certification:** Copies of all current licenses and certifications held by the offeror related to the services required by this RFP.
 7. **Insurance:** The provider is an independent contractor and shall submit documentation to the LBHA that it maintains adequate general and professional liability insurance coverage for all of its personnel, as well as, appropriate fire, casualty, premise and workers' compensation insurance coverage.
 8. **Letters of Support:** Please include at least two letters of reference. References and descriptions of previous similar engagements should be provided (all references should

include a contact person familiar with the offeror's work and the appropriate telephone number) as well as demonstrate the ability of the offeror to successfully provide sufficient qualified backup staff.

The funded position is required to be on-site at the LDSS for 4 days (32 hours) per week to complete all SATS work requirements and for BHA site visits. All work will be appropriately documented in client case files which will be stored for a minimum of 3 years following discharge of the customer from the program. The SATS Addiction Specialist shall ensure they are receiving a completed referral form from the LDSS Case Worker with the CARES number on the form. At intake the BHA consent form must be signed by all SATS participants and the LDSS worker must be notified if a client refuses. Care will be coordinated with LDSS staff utilizing BHA required documentation forms. The Addiction Specialist will maintain a log to track client's treatment milestones with next step indicators in 30/60/90/120/150/180 and will continue with 30-day intervals until the client is discharged from the treatment program up to 1 year. The log must be supported by electronic case notes which identify the care coordination/case management efforts that the SATS Addiction Specialist has completed to support the client during their treatment episode. Documentation is kept in the TCA SATS system which the selected vendor will be provided access to.

CONTACT

For more information contact:

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443-295-8584 x101

REVIEW PROCESS

A panel of reviewers will conduct the application review process using the rating scale outlined below. The decision to award funds of any amount will be based on the merits of the application. The decision of the reviewers will be final. Applications will be examined for:

1. **Understanding of the population:** The applicant has experience working with the identified population. The applicant demonstrates knowledge of the population to be served and an understanding of the benefits and challenges of a TCA SATS Program. **(10 points)**
2. **Plan/Services to be provided:** The applicant has experience in providing similar services. The applicant demonstrates up-to-date knowledge of best practices in the areas of services and applies this knowledge to the proposed program. The applicant integrates the scope of services into the program description and adequately addresses all requirements. **(35 points)**
3. **Organizational Capacity/Staffing:** The applicant demonstrates the capacity to employ staff knowledgeable in the implementation of new programs. The organization has the appropriate infrastructure to administer services. Clinical staffing is appropriate for the

- service. **(20 points)**
4. **Quality Assurance/Results:** The program described is likely to achieve the performance requirements. Methods of outcome assessment and quality assurance procedures are evident. **(15 points)**
 5. **Budget:** The budget corresponds to the program description and reflects reasonable costs. Maryland, Behavioral Health Administration Forms 432A thru 432H (Appendix A) are utilized and completed. The applicant describes sound fiscal practices, demonstrates fiscal accountability and includes the most recent annual financial audit report to affirm the organization's fiscal ability to adequately support the program. **(20 points)**

APPLICATION DEADLINE

One copy of the application for the TCA SATS Program must be emailed to Andrea McDonald-Fingland, andrea.mcdonald-fingland@maryland.gov by 4/17/26 at 4:30 PM. Applications received after 4:30 PM on 4/17/26 will not be considered for review. Faxed applications will not be accepted.

PRE-APPLICATION MEETING

A mandatory pre-application meeting will be held via Google Meet on April 6, 2026 at 1 pm. For an invitation to this meeting please contact andrea.mcdonald-fingland@maryland.gov. The deadline to register for the pre-application meeting is April 3, 2026 at 4:30 pm.

APPLICATION TIMELINE

STEPS TO COMPLETION	COMPLETION DATE
Advertise/Email	3/16/2026
Pre-Application Conference	4/06/2026
Application Submission Deadline	4/17/2026
Letters of Award sent	5/15/2026