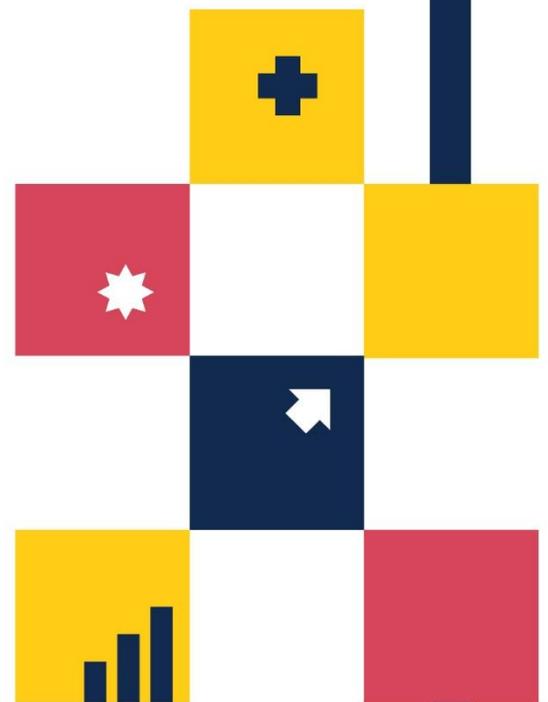# Request for Information

Advancing the Integration of Social Needs Screening and Closed-Loop Referral Systems in Maryland through the State-Designated Health Information Exchange, CRISP

Issue Date: March 6, 2026

Response Date: April 3, 2026

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Summary

The Maryland Health Care Commission (MHCC) seeks information about essential features in digital tools and platforms that support health care providers with connecting individuals to social support services and resources. Such features enable social risk screening and data collection, access to a centralized directory of community-based organizations (CBOs), and the automation of referrals between clinical settings and CBOs. Responses to this Request for Information (RFI) will inform the potential creation of standards to recognize vendors that can integrate with the State-Designated Health Information Exchange (CRISP), support multi-sector interoperability, and improve individual health and well-being. Additionally, we are interested in information that would allow the State-Designated Health Information Exchange, CRISP, to scale rural CBOs connectivity with CRISP's closed-loop screening and referral tools and to select a vendor to support CBOs in billing for services, both activities proposed by Maryland's Rural Health Transformation Program (RHTP).

This RFI is not a solicitation or contract for current or future business. Responses to this RFI will be used to support market research, understand current technological capabilities, and shape future policies in the State. Stakeholders, including, but not limited to, providers, CBOs, technology vendors, payers, and professional associations, are encouraged to respond. Responses that include a proposal and information about pricing will not be considered. Please mark any responses containing trade secrets or confidential business and financial information as defined in the [Maryland Public Information Act](#).

Response Date and Format

All responses to this RFI are due on or before Friday, April 3, 2026 by 5:00pm ET. Responses may be emailed directly to Kelly Scott at kelly.scott@maryland.gov, or mailed via USPS or another delivery service to:

Maryland Health Care Commission
Attention: Kelly Scott
4160 Patterson Ave.
Baltimore, Maryland 21215

Purpose

The MHCC is concerned about barriers to effectively connecting patients in clinical settings with social services provided by CBOs due to the current lack of interoperability among social needs screening and closed-loop referral platforms (also referred to as social needs screening and referral technology or social care coordination software). CBOs that dedicate the time and effort to onboard onto one platform may not be able to communicate with key partners (e.g., providers,

health plans, or other CBOs) that have contracted with separate platform vendors. This lack of interoperability may be especially problematic in rural areas where there are fewer providers and CBOs to address unmet needs. For example, a rural primary care provider may refer a patient to a CBO that uses the same platform, but is geographically located further away, when there could be another appropriate CBO closer to the patient's home.

As such, MHCC is considering creating standards that social needs screening and closed-loop referral platforms must meet to connect with CRISP or other health information exchanges as a way to improve data exchange among payers, providers, and CBOs. In addition to integrating with CRISP, this RFI seeks stakeholder input on other criteria. This includes key features that effectively identify, connect, and coordinate social services within existing workflows in ways that ensure data accessibility, usability, security, and interoperability. This effort would leverage existing standards (e.g., USCDI and HL7 FHIR) to support interoperable and scalable platforms across health and social service systems. Linking health and social needs data provides a more complete view of patients and the factors that influence health outcomes. Timely access to these data is essential for addressing health care disparities and improving the delivery of whole-person care.

Additionally, Rural Health Transformation Program (RHTP) funding will be used for CRISP to significantly scale the number of new rural CBOs onboarded onto a closed-loop screening platform for upstream drivers of health. RHTP funds are also allocated to CRISP to develop a competitive RFP for a CBO billing vendor. This RFI will help develop an understanding of the needs of CBOs and providers to generally inform that work; subsequent requests for information or procurements will focus on the specific needs related to CBO billing. For more information, visit the [Maryland RHTP webpage](#).

The MHCC is especially interested in direct responses to this RFI from CBOs, providers, payers, technology vendors, and consumer representatives. The MHCC encourages CBOs to reply with detailed information on challenges with current platforms or innovative interoperability approaches underway.

Questions

The questions that follow are designed to gather technical input and other considerations for integrating social needs screening and closed-loop referral technology directly or through health care organizations connected to CRISP. Responses will be considered by MHCC in assessing technological capabilities and features that are most impactful to inform policy approaches that support greater diffusion of social needs screening and referral technology. This includes development of minimum criteria needed to recognize platforms beyond integration with CRISP.

1. For items listed in table that follows, specify the necessity of each as it relates to the integration of social needs screening and closed-loop referral platforms with electronic health record technology and CRISP. Non-negotiable features are essential ("must have"); desirable features are added value but not essential ("nice to have"). Select the level of impact and effort by indicating high or low impact and high or low effort.

   Note, a response is not required for all items listed. Respondents may provide information at their discretion based on their experience and expertise.

Social Needs Screening and Closed-Loop Referral Platforms	Necessity *Specify Non-Negotiable ("must have") or Desirable ("nice to have")*	High Impact	Low Impact	High Effort	Low Effort
Provider/Community-Based Organization Features					
Single sign-on for users to stay within their own systems while accessing platform		☐	☐	☐	☐
Centralized approach that supports unified access to information and services across different organizations ("no wrong door")		☐	☐	☐	☐
Built-in standardized intake form		☐	☐	☐	☐
Ability to create custom intake forms		☐	☐	☐	☐
Built-in standardized social needs screening assessment (i.e., questionnaire)		☐	☐	☐	☐
Ability to create custom social needs screening and scored assessments		☐	☐	☐	☐
Built-in eligibility screenings (e.g., public benefits, state programs, social services)		☐	☐	☐	☐
Access to geographically indexed referral directory – able to display providers through an Application Programming Interface (API) with CRISP who are otherwise not known to platform		☐	☐	☐	☐
Check appointment slots or capacity at referral sites		☐	☐	☐	☐
Facilitate e-referrals – create, send, receive, accept, decline, or redirect e-referrals		☐	☐	☐	☐

Social Needs Screening and Closed-Loop Referral Platforms	Necessity *Specify Non-Negotiable ("must have") or Desirable ("nice to have")*	High Impact	Low Impact	High Effort	Low Effort
Track e-referral status from initiation through service completion, including outcomes and reasons for non-completion		☐	☐	☐	☐
Automated referral matching based on screening results and other specified criteria (e.g., patient location, service provider availability, etc.)		☐	☐	☐	☐
Prepopulated referral with demographic info and screening results		☐	☐	☐	☐
Ability to assign, track, and complete tasks related to referrals and follow-ups		☐	☐	☐	☐
Ability to flag urgent or time-sensitive referrals (e.g., housing instability)		☐	☐	☐	☐
Configurable role-based workflows		☐	☐	☐	☐
Supports shared care plans across multiple providers/CBOs		☐	☐	☐	☐
Shared notes are visible to authorized users across organizations		☐	☐	☐	☐
Encrypted messaging between referring providers, service providers, and care coordinators		☐	☐	☐	☐
Secure messaging between patient/clients		☐	☐	☐	☐
Standard individual-level dashboards: referral status, dates, outcomes, service provider, and follow-up actions		☐	☐	☐	☐
Standard organization-level dashboards: referral volume, acceptance rates, completion rates		☐	☐	☐	☐
Ability to create custom dashboards and reports		☐	☐	☐	☐
Ability to view patient referral history and outcomes across organizations		☐	☐	☐	☐

Social Needs Screening and Closed-Loop Referral Platforms	Necessity *Specify Non-Negotiable ("must have") or Desirable ("nice to have")*	High Impact	Low Impact	High Effort	Low Effort
Exportable reports		☐	☐	☐	☐
Consumer Features					
Searchable resource directory that can be filtered by location, service type, eligibility, insurance, etc.		☐	☐	☐	☐
Self-completion of social needs questionnaires		☐	☐	☐	☐
Users can self-refer to services (i.e., request services directly)		☐	☐	☐	☐
Online appointment scheduling		☐	☐	☐	☐
Secure login and role-based access for personal data		☐	☐	☐	☐
Secure messaging with care coordinators or service providers		☐	☐	☐	☐
Available in multiple languages		☐	☐	☐	☐
Digital Accessibility (e.g., available via text messages, patient portals, mobile devices)		☐	☐	☐	☐
Consent through voice or digital signature		☐	☐	☐	☐
Appointment reminders		☐	☐	☐	☐
Personalized action plans (based on screening results)		☐	☐	☐	☐
Conversational AI (chatbots) for self-service		☐	☐	☐	☐
Identity Matching					
Integrate with vendor Master Patient Index (MPI) technology, including CRISP, to link clinical and social needs data across disparate systems		☐	☐	☐	☐
MPI automatically flags potential duplicates for review		☐	☐	☐	☐

Social Needs Screening and Closed-Loop Referral Platforms	Necessity *Specify Non-Negotiable ("must have") or Desirable ("nice to have")*	High Impact	Low Impact	High Effort	Low Effort
MPI provides confidence scores or indicators for matched records		☐	☐	☐	☐
Consent Management					
Obtain electronic consent capture, including date/time, scope, purpose, and authorizing party		☐	☐	☐	☐
Retain prior versions of consent and effective dates		☐	☐	☐	☐
Enforce consent at point of access, referral creation, and data exchange		☐	☐	☐	☐
All-in consent (broad permission)		☐	☐	☐	☐
Granular consent (by service type, organization, and time period)		☐	☐	☐	☐
Ability to revoke consent in real-time		☐	☐	☐	☐
System Performance/Interoperability					
Supports bidirectional data exchange through real-time FHIR APIs, CCD/CCDA formats, and HL7 v2 messaging		☐	☐	☐	☐
Uses only evidence-based screening questions that minimally includes PRAPARE or AHC		☐	☐	☐	☐
Screening questions and answers map to standards for interoperability (LOINC, SNOMED CT)		☐	☐	☐	☐
Cloud-based or distributed architecture capable of supporting high concurrency, automatic load balancing, and disaster recovery		☐	☐	☐	☐
Supports evolving interoperability standards without downtime for core referral functionality		☐	☐	☐	☐
Platform interface conforms to WCAG 2.1 Level AA, supporting ADA/Section 508 accessibility compliance		☐	☐	☐	☐

Social Needs Screening and Closed-Loop Referral Platforms	Necessity *Specify Non-Negotiable ("must have") or Desirable ("nice to have")*	High Impact	Low Impact	High Effort	Low Effort
Maintains <5 second load times under peak usage		☐	☐	☐	☐
Supports aggregated and region-specific reporting of program data		☐	☐	☐	☐
Routine monitoring for missing or outdated information		☐	☐	☐	☐
Maintains audit trail of additions, deletions, and edits, including date, user, and source of information		☐	☐	☐	☐
Supports CBO updates via a web form or portal to add or edit their organization's information		☐	☐	☐	☐
Supports CSV, JSON, or FHIR		☐	☐	☐	☐
Privacy and Security (Capabilities and Audit Requirements)					
HIPAA compliant platform		☐	☐	☐	☐
Data encryption in-transit and at rest		☐	☐	☐	☐
Audit trails track who accessed platform, when, what actions were taken, and why		☐	☐	☐	☐
Role-based access to ensure confidentiality		☐	☐	☐	☐
Transparent policies regarding data collection, use, and sharing		☐	☐	☐	☐
Explainable AI		☐	☐	☐	☐
Requires multi-factor authentication for all user logins		☐	☐	☐	☐

Social Needs Screening and Closed-Loop Referral Platforms	Necessity *Specify Non-Negotiable ("must have") or Desirable ("nice to have")*	High Impact	Low Impact	High Effort	Low Effort
Documented incident response plan		☐	☐	☐	☐
Annual independent third-party audit (e.g., SOC 2 Type 2, HITRUST CSF R2, or equivalent)		☐	☐	☐	☐
Vulnerability scanning and remediation		☐	☐	☐	☐
Single sign-on		☐	☐	☐	☐
Data loss prevention		☐	☐	☐	☐
Anonymization and de-identification		☐	☐	☐	☐
Vendor management – utilize secure, vendor approved platforms with independent third-party audit (SOC 2 Type 2, HITRUST CSF R2, or equivalent)		☐	☐	☐	☐
Data retention (how long data is stored and deleted) supports a defined period (3-7 years)		☐	☐	☐	☐
User Support					
24/7 helpdesk or support portal; timely response within 1 hour for critical issues and 24 hours for non-critical issues		☐	☐	☐	☐
Offers a provider onboarding process that minimally describes the structured workflow process, account setup, role assignment, access to referral directory, and reporting		☐	☐	☐	☐
Provides live or virtual training sessions, materials, and step-by-step guides		☐	☐	☐	☐
One-on-one support available for new and existing providers		☐	☐	☐	☐

2. For any items in the table above, are there additional comments you would like to add that explain the relative necessity or impact?

3. What potential barriers (technical, financial, or regulatory) might prevent vendors offering social needs screening and closed-loop referral platforms from integrating with CRISP?

4. What incentives or support structures would encourage vendors to seek recognition to integrate with CRISP?

5. What social needs screening tool(s) do you currently use (e.g., PRAPARE, AHC, Epic Wheel, Home Grown, etc.)?

   a. What are the positives/negatives for the screening tool(s) you currently use?

6. If your organization represents a CBO, provider, or payer – what referral system(s) do you currently use (ex. FindHelp, UniteUs, CRISP, Epic, etc.)?

    a. What are the positives/negatives for the system(s) you use?

    b. Does the system you use also manage billing/payment for services managed through the referral system?

Questions 7, 8, and 9 are specific to CBOs. For purposes of this RFI, CBOs include public or private not-for-profit entities that provide specific services to the community or targeted populations in the community to address the health and social needs of those populations. They may include community-action agencies, housing agencies, area agencies on aging, centers for independent living, aging and disability resource centers, or other non-profits that apply for grants or contract with health care entities to perform social services. ***If you are not a CBO, please skip to the "Demographic Information" section.***

7. Does your CBO currently contract with health care entities to perform services?

    a. If **yes**, please describe who you contract with, the services billed, payment model (i.e. fee-for-service, per-member per month, grant-based, value-based), and the billing mechanism used.

    b. If **no**, please describe your biggest barriers to contracting with payers or providers to receive payment for services (i.e. administrative capacity, technology limitations, credentialing barriers, legal/compliance concerns, contracting complexity)?

8. Do you currently have a system that allows you to bill health care entities for services provided?

    a. If yes, what system do you use?

    b. What are the positives/negatives of the system you use for billing?

9. Does your CBO have limited administrative capacity to implement a new billing software platform? If so, is there a larger CBO with more administrative capacity that your organization would feel comfortable contracting or partnering with, such that the larger CBO handled billing, acting as a pass-through for payments from payers or providers for services provided by your organization? Please provide any details about larger CBOs you would feel comfortable partnering with.

10. **Demographic Information**

    Name:

    Organization:

    Title:

    Email:

    Phone:

    Short description of organization:

Thank you for responding to MHCC's RFI!