**STATE OF MAINE**

**Department of Health and Human Services**

*Office of MaineCare Services*



**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

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| --- | --- |
| **RFP Coordinator** | *All communication regarding the RFP must be made through the RFP Coordinator identified below*.  **Name:** Brittany Hall **Title:** Procurement Administrator  **Contact Information:** [Brittany.hall@maine.gov](mailto:Brittany.hall@maine.gov) |
| **Submitted Questions Due** | *All questions must be received by the RFP Coordinator identified above by:*  **Date:** October 31, 2022, no later than 11:59 p.m., local time |
| **Proposal Submission** | *Proposals must be received by the Division of Procurement Services by:*  **Submission Deadline:** November 16, 2022, no later than 11:59 p.m., local time.  *Proposals must be submitted electronically to the following address:*  **Electronic (e-mail) Submission Address:** [Proposals@maine.gov](mailto:Proposals@maine.gov) |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

The State of Maine is seeking proposals for medical eligibility determination Assessments for Children applying for the Katie Beckett Benefit, under MaineCare (Maine Medicaid).

A copy of the RFP, as well as the Question & Answer Summary and all amendments related to the RFP, can be obtained at: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps>

Proposals must be submitted to the State of Maine Division of Procurement Services, via e-mail, at: [Proposals@maine.gov](mailto:Proposals@maine.gov). Proposal submissions must be received no later than 11:59 p.m., local time, on November 16, 2022. Proposals will be opened the following business day. Proposals not submitted to the Division of Procurement Services’ aforementioned e-mail address by the aforementioned deadline will not be considered for contract award.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

The following terms and acronyms, as referenced in the RFP, shall have the meanings indicated below:

| **Term/Acronym** | **Definition** |
| --- | --- |
| **Administrative Hearing or Appeal Hearing** | Any proceeding before a Hearing Officer of the Department in which the legal rights, duties or privileges of claimants or others are required by law to be determined after an opportunity for Hearing. The Department’s Office of Administrative Hearings is responsible for conducting Hearings in conformity with the [Maine Administrative Procedures Act, 5 M.R.S.A. § 8001](https://legislature.maine.gov/statutes/5/title5ch375sec0.html). |
| **Assessment** | An initial or re-Assessment determination of a Child’s medical eligibility to received assistance from the Katie Beckett Benefit. |
| **Business Day** | Monday through Friday excluding all [State holidays](https://www.maine.gov/bhr/state-employees/holiday-schedule). |
| **Child/Children** | Individual age eighteen (18) or younger. |
| **Client** | Child and/or parent/guardian of the Child who is applying for the Katie Beckett Benefit. |
| **Department** | Department of Health and Human Services |
| **Hearings Representative** | The Department’s Office of MaineCare Services (OMS) staff member designated as liaison to the Department’s Administrative Hearings Office. |
| **HIPAA** | [Health Insurance Portability and Accountability Act](https://www.hhs.gov/hipaa/index.html) |
| **Katie Beckett Benefit** | MaineCare coverage and services pursuant to [10-144, C.M.R. Ch. 101, Ch. X, Section 3](https://www.maine.gov/sos/cec/rules/10/144/ch101/c10s003.doc). |
| **Maine Information Health Management Solution (MIHMS)** | The State’s automated Medicaid service claims billing system. MIHMS includes web-based modules to store Client/Member documents and eligibility information including Katie Beckett Benefit Assessments and associated documents. |
| **MaineCare Benefits Manual (MBM)** | Refer to [10-144 C.M.R. Ch. 101](https://www.maine.gov/sos/cec/rules/10/ch101.htm). |
| **MaineCare Member Appeal (Appeal)** | As defined in [10-144 C.M.R. Ch. 101, Ch. 1, § 1.24](https://www.maine.gov/sos/cec/rules/10/144/ch101/c1s001.docx). |
| **MED KIDS-KB Assessment Form (Assessment Form)** | The Department’s authorized fillable electronic Assessment Form, completed by a Registered Nurse (RN), for determining medical eligibility under the Katie Beckett Benefit, refer to **Appendix H**. |
| **Medical Review Team** | A unit within the Office of Family Independence (OFI) that is responsible for disability determinations for Katie Beckett Benefit Clients/Members pursuant to the Social Security Administration criteria for disability. |
| **Member** | An individual determined eligible for services pursuant to [10-144, C.M.R. Ch. 101, Ch. X, Section 3](https://www.maine.gov/sos/cec/rules/10/144/ch101/c10s003.doc), Katie Beckett Benefit. |
| **OMS** | The Department’s Office of MaineCare Services responsible for the oversight of Maine Medicaid Program, MaineCare |
| **Protected Health Information** | Any information about the health status, provision of health care, or payment for health care that is created or collected on an individual. |
| **PM5** | A module within MIHMS for processing Member Assessment documents. |
| **Registered Nurse (RN)** | An individual who has a valid, in good standing license with the [Maine Board of Nursing](https://www.maine.gov/boardofnursing/licensing/index.html). |
| **RFP** | Request for Proposal |
| **State** | State of Maine |

**State of Maine - Department of Health and Human Services**

*Office of MaineCare Services*

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking proposals for an organization to conduct medical eligibility determination Assessments for Children who have applied for MaineCare (Maine Medicaid) coverage under the Katie Beckett Benefit as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the Provider(s) will be selected, and the contractual terms which will govern the relationship between the Department and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine Residents. The Department’s Office of MaineCare Services (OMS) administers the State’s Medicaid Program, under [Title XIX of the Social Security Act](https://www.ssa.gov/OP_Home/ssact/title19/1900.htm) and the Children’s Health Insurance Program (CHIP) under [Title XXI of the Social Security Act](https://www.ssa.gov/OP_Home/ssact/title21/2100.htm), known as MaineCare, a joint federal and State funded program. As of April 2022, the State had four hundred thirty-nine thousand, two hundred thirty-eight (439,238) members of all coverage types receiving MaineCare benefits.

Although there are no specific services provided under the Katie Beckett Benefit, this eligibility program makes MaineCare coverage available to Children with serious health conditions, who are not otherwise eligible for MaineCare and who meet the program requirements, to remain in their homes rather than being institutionalized.

The ME Katie Beckett Activity Report (refer to **Appendix K**) shows during 2021, one thousand, four hundred sixty (1,460) Assessments and re-Assessment combined were conducted Statewide resulting in one thousand four hundred fifty-three (1453) of these Children being determined as eligible to receive the Katie Beckett Benefit and remained in their homes.

Children who meet all the requirements set forth in the MaineCare Benefits Manual (MBM), [Chapter X, Section 3, Katie Beckett Benefit](https://www.maine.gov/sos/cec/rules/10/144/ch101/c10s003.doc) rules (financial, Social Security Disability, and medical eligibility) qualifies for the Katie Beckett Benefit, specifically, each Child must:

1. Be eighteen (18) years of age or younger;
2. Not meet the regular MaineCare financial eligibility criteria as determined by the Department’s Office for Family Independence (OFI);
3. Meet Social Security Disability criteria, as determined by the Department’s OFI Medical Review Team or its authorized entity;
4. Be living at home, not in a medical institution;
5. Meet the medical eligibility requirements for in-patient level of care set forth in at least one (1) of the MBM sections: [Section 45 Hospital Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s045.docx), [Section 46 Psychiatric Hospital Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s046.docx), [Section 50 Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s050.docx), or [Section 67 Nursing Facility Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s067.docx); and
6. Have an initial face-to-face medical eligibility Assessment completed to determine if the Child meets medical eligibility requirements and if so, the type of facility setting the Child would qualify under.

The services resulting from this RFP will ensure Children who meet the criteria of the required financial and Social Security Disability for the Katie Beckett Benefit shall receive high quality medical eligibility Assessments and re-Assessments conducted timely and completed accurately and in compliance with HIPAA regulations, in order to determine the ability to receive Katie Beckett Benefits.

1. **General Provisions**
   1. From the time the RFP is issued until award notification is made, all contact with the State regarding the RFP must be made through the RFP Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFP. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
   2. Issuance of the RFP does not commit the Department to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to the RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
   3. All proposals must adhere to the instructions and format requirements outlined in the RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements” section of the RFP.
   4. Bidders will take careful note that in evaluating a proposal submitted in response to the RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Bidder (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder’s experience and capabilities.
   5. The proposal must be signed by a person authorized to legally bind the Bidder and must contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.
   6. The RFP and the awarded Bidder’s proposal, including all appendices or attachments, will be the basis for the final contract, as determined by the Department.
   7. Following announcement of an award decision, all submissions in response to this RFP will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. § 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.).
   8. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to the RFP.
   9. All applicable laws, whether or not herein contained, are included by this reference. It is the Bidder’s responsibility to determine the applicability and requirements of any such laws and to abide by them.
2. **Contract Term**

The Department is seeking a cost-efficient proposal to provide services, as defined in the RFP, for the anticipated contract period defined in the table below. Please note, the dates below are estimated and may be adjusted, as necessary, in order to comply with all procedural requirements associated with the RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the initial term of the contract, the Department may opt to renew the contract for two (2) renewal periods, as shown in the table below, and subject to continued availability of funding and satisfactory performance.

The term of the anticipated contract, resulting from the RFP, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 1/1/2023 | 12/31/2024 |
| Renewal Period #1 | 1/1/2025 | 12/31/2026 |
| Renewal Period #2 | 1/1/2027 | 12/31/2027 |

1. **Number of Awards**

The Department anticipates making one (1) award as a result of the RFP process.

**PART II SCOPE OF SERVICES TO BE PROVIDED**

**Specific instructions for the Bidder to provide a narrative response to the Scope of Services may be found in Part IV, Section III, Services to be Provided.**

1. **Assessments and Re-Assessments**

Ensure Assessments are conducted by Registered Nurses (RNs) who have a valid, in good standing license to practice in the State. RNs shall:

1. Provide a face-to-face Assessment for all Children who are initially applying for the Katie Beckett Benefit to determine medical eligibility.
   1. Initial Assessments shall be completed within fourteen (14) Business Days from receipt of the Department’s referral.
2. Annually, provide a re-Assessment of each Child who receives the Katie Beckett Benefit.
   1. Re-Assessments shall be conducted either face-to-face or by telephone specifically:
3. Face-to-face re-Assessments are required every three (3) years following the initial Assessment determination; and
4. Re-Assessments by telephone are required in the years when the Member does not require a face-to-face re-Assessment.
5. Ensure any exceptions to the face-to-face vs telephone Assessment/re-Assessment requirements are approved in writing by the Department, on a case-by-case basis, prior to conducting the Assessment/re-Assessment.
   * 1. Ensure the Department's authorized MED KIDS-KB Assessment Forms (Assessment Forms), refer to **Appendix H**, are accurately completed to determine medical eligibility for MaineCare covered levels of care under the Katie Beckett Benefit.
        + 1. Determine the Client/Member’s classification in accordance with the Assessment Form and the policies set forth in the [MaineCare Benefits Manual (MBM)](https://www.maine.gov/sos/cec/rules/10/ch101.htm), Ch. II, specifically:

[Section 45, Hospital Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s045.docx);

[Section 46, Psychiatric Hospital Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s046.docx);

[Section 50, ICF-MR Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s050.docx); or

[Section 67, Nursing Facility Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s067.docx).

* + 1. Review and consider relevant medical records and documentation provided by the Client/Member, school and/or health care providers, etc., for the medical eligibility Assessment.
       - 1. Client/Member records collected by the Medical Review Team (to determine if federal disability requirements are met for eligibility) will be available to the awarded Bidder through the Department.
         2. All documents shall remain the property of the Department.
    2. Submit each completed Assessment Form, electronically, to the Department within five (5) Business Days of completion.
       - 1. The Assessment Form shall include a completion date and be typed, not handwritten or printed.
         2. The MIHMS PM5 work queue will register a receipt date when the completed Assessment Form is uploaded and submitted to the Department.
         3. **Schedule Assessments**
       1. Develop and implement Client/Member-friendly processes to schedule Assessments and re-Assessments.
          1. Provide telephone outreach and written notices to schedule appointments and promote Client/Member compliance.

1. Provide a toll-free telephone number for Clients/Members to contact the awarded Bidder.
   1. Schedule and complete the Member’s annual re-Assessment within the anniversary month of the initial Assessment.
   2. Provide guidance to the Client/Member regarding the Assessment process and the types of supporting documentation that he/she will be responsible to gather and submit to the awarded Bidder in order to confirm medical needs, conditions, and treatments, etc.
2. Provide accessible locations Statewide for Client/Member face-to-face Assessments.
   1. Ensure the Child is present for the Assessment.
   2. Ensure Assessments are conducted in settings that ensure privacy, respect, and compliance with Protected Health Information and HIPAA regulations.
   3. For Children who are medically unable to leave home, it may be appropriate to schedule a home visit in order to conduct the face-to-face Assessment.
3. Ensure Assessments are completed within five (5) calendar days prior to discharge date for Children who are acutely ill and receiving inpatient hospital care.
   1. Ensure Children who are receiving inpatient hospital care do not receive an Assessment until a physician determines the Child is medically stable, and discharge is pending.
      1. Obtain a physician's order for discharge and fax a copy to the Department.
         * 1. **Client/Member Tracking**
   2. Develop and implement a process for tracking and reporting Client/Member data, including but not limited to:

Name, date of birth, MaineCare ID number, and level of care;

Katie Beckett program eligibility start date and end date;

Assessment and re-Assessment due dates; and

Actual Assessment/re-Assessment date of service and the outcome.

1. Ensure the tracking system allows for generation of accurate and up-to-date reports.
2. Utilize the PM5 module in the Maine Information Health Management Solution (MIHMS) system, as required by the Department, to process and store Assessment Forms and associated documents.
3. Ensure staff are trained, knowledgeable, and compliant with Federal and State HIPAA, security, and confidentiality requirements.
   * + - 1. **Client/Member Notification**

Ensure all Client/Member notices, letters, templates, and other communications are reviewed and approved by the Department and printed on Department letterhead prior to distribution.

* 1. Notify Clients/Members of the Assessment eligibility determination in writing.
  2. Ensure the Client/Member is notified of his/her MaineCare Member Appeal (Appeal) rights pursuant to [MBM Ch. 1, § 1.24](https://www.maine.gov/sos/cec/rules/10/144/ch101/c1s001.docx) for each denied eligibility determination.

If the denial is issued to a Member that currently has Katie Beckett Benefit eligibility, the Appeal rights letter must notify the Member that eligibility and current services can remain in place if requested by the Member within ten (10) days of receiving the denied eligibility determination, until the final Appeal Hearing decision is rendered.

A copy of each denial must be faxed to the Department within five (5) Business Days of the determination.

* + - * 1. **Collaborative Process and Structure**
      1. Develop and implement a structure and process to promote a collaborative partnership with the Department for the efficient administration of Katie Beckett Benefit for medical eligibility Assessment services.
      2. Conduct monthly (or according to other schedule deemed necessary by the Department) meetings with the Department to review challenging Assessments/re-Assessments, discuss questions/concerns, review of forms, and MBM policy discussions, etc.

1. Implement [10-144, C.M.R. Ch. 101, Ch. X, Section 3](https://www.maine.gov/sos/cec/rules/10/144/ch101/c10s003.doc), Katie Beckett Benefit-related medical eligibility Assessment/re-Assessment changes adopted through the Department’s proposed rule-making process and/or the change request process (used to modify the Maine Information Health Management Solution (MIHMS) system).
   1. Ensure all operations and processes are modified within thirty (30) Business Days of receiving notification from the Department of the upcoming changes, as necessary to be in alignment with any relevant MBM policy changes including, but not limited to MBM sections: [Section 45 Hospital Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s045.docx), [Section 46 Psychiatric Hospital Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s046.docx), [Section 50 Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s050.docx), or [Section 67 Nursing Facility Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s067.docx).
2. Collaborate with the Department to implement systems improvements as these become available.
3. Ensure documents revised or created by the Department for the Katie Beckett Benefit program are used as they become available, including updates to the Assessment Form.
4. Collaborate with the Department, quarterly (or according to other schedule deemed necessary by the Department), to compare and confirm the list of Members and re-Assessment due dates.
   * + - 1. **Appeals Process**
5. Ensure that Katie Beckett Benefit medical eligibility determinations comply with Member Appeals, as required.
6. Notify the Administrative Hearings Representative of each request for an Appeal Hearing within one (1) Business Day of receipt.
7. Develop and implement a reconsideration process to review and consider relevant, additional information submitted by the Client/Member or the Client/Member’s health care provider within sixty (60) days following an eligibility denial determination.
   1. Ensure the Client/Member receives the right to Appeal under Administrative Hearing if the determination to deny eligibility is maintained following the reconsideration process.
8. Prepare and submit a case Hearing packet supporting the eligibility denial determination, to the Department’s Office of Administrative Hearings and a copy to the OMS Administrative Hearings representative, within ten (10) Business Days of receipt of an Appeal request which contains:
9. Cover letter;
10. Hearing Report Form, **Appendix I**;
11. Letters / Correspondence related to Assessments/re-Assessments (denial, providers, others);
12. Applicable MaineCare rules, (including but not limited to: [Section 45, Hospital Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s045.docx), [Section 46, Psychiatric Hospital Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s046.docx), [Section 50, ICF-MR Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s050.docx), or [Section 67, Nursing Facility Services](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s067.docx)).
13. Clinical documentation (e.g., Katie Beckett Assessment forms, relevant assessment forms from the Client/Member’s various providers, supporting medical documentation, etc.)
14. Signed Authorization to Release Information, **Appendix J**
15. Appear at all Administrative Hearings related to Member Appeals concerning Katie Beckett Benefit medical eligibility determinations, including but not limited to:
    * 1. Preparing and presenting clinical records and justifications for all medical eligibility determinations and reconsideration determinations to the Hearings officer; and
      2. Taking direction from the Department on all processes and protocols concerning the conduct of Administrative Hearings.
         + 1. **Quality Assurance**
         1. Conduct ongoing monitoring of each Nurse assessor for accuracy, consistency, and demonstrated inter-rater reliability.
         2. Ensure RNs correctly administer the Assessment Form.
         3. Develop and implement a process for annual review of all program documents to ensure information being provided to Clients/Members is current and accurate.
         4. Establish and operate a quality monitoring system approved by the Department.
            1. Report to the Department the results of the quality monitoring and a plan of correction for any negative findings.
         5. Develop and implement a process for accepting Client/Members feedback and utilize that feedback to improve the quality of Assessment services being provided.
            1. **Reporting**
         6. Collaborate with the Department to develop a series of monthly, quarterly, and annual reports to support operations, track program outcomes, and other reports as necessary.
            1. **Staffing Requirements**
         7. Provide a sufficient number of RNs who have professional medical knowledge and experience serving pediatric populations to conduct Assessments and re-Assessments.
         8. Ensure staff are trained regarding the use of the MIHMS Katie Beckett Benefit Workflow/QNXT and Members modules.

* + - * 1. **Confidentiality**

1. Ensure compliance with all applicable State and federal confidentiality regulations for services provided under this RFP, including but not limited to HIPAA, [42 C.F.R. Part 2](https://www.govinfo.gov/content/pkg/CFR-2021-title42-vol1/pdf/CFR-2021-title42-vol1-part2.pdf) and [42 C.F.R. Part 431](https://www.govinfo.gov/content/pkg/CFR-2021-title42-vol4/pdf/CFR-2021-title42-vol4-part431.pdf).
   * + - 1. **Performance Measures**
2. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
   1. Submit data to support the performance measure utilizing **Appendix L** - Performance Measure Report or via a third-party data source, as indicated within the performance measure data source column of **Table 1**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Mandatory Performance Measures** | | | |
|
| **Performance Measure** | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| **a.** | Ninety percent (90%) of Children/Clients submitting new applications for the Katie Beckett Benefit will have an Assessment completed within fourteen (14) Business Days of receipt. | Monthly | Provider collected data, utilizing **Appendix L**. |
| **b.** | Ninety percent (90%) of Children requiring annual re-Assessment will have the Assessment completed within the anniversary month of the initial Assessment. | Monthly | Provider collected data, utilizing **Appendix L**. |
| **c.** | Ninety-five percent (95%) of all Assessments will be completed accurately, in accordance with the appropriate section of the MaineCare Benefits Manual (i.e., Section 45 Hospital Services; Section 46 Psychiatric Hospital Services; Section 50 Services for Individuals with Intellectual Disabilities and Section 67 Nursing Facility Services) and the Assessment Form. | Monthly | Provider collected data, utilizing **Appendix L** and the Assessment Forms. |
| **d.** | Ninety-nine percent (99%) of Assessments will be completed face-to-face for the initial Assessment and at least every three (3) years thereafter. | Monthly | Provider collected data, utilizing **Appendix L**. |
| **e.** | Ninety percent (90%) of all Assessments will be forwarded to the Department through MIHMS within five (5) Business Days of the Assessment | Monthly | Provider collected data, utilizing **Appendix L**. |

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports listed in **Table 2**:

|  |  |  |
| --- | --- | --- |
| **Table 2 – Required Reports** | | |
| **Name of Report** | | **Description** |
| **a.** | Performance Measures Report | **Appendix L** Performance Measures described in Table 1 Mandatory Performance Measures |
| **b.** | Priority Report | Outstanding initial Assessments and annual re-Assessments |
| **c.** | Aging Report | Number of requests for Assessments by calendar week, level of care, and disposition |
| **d.** | Katie Beckett Activity Report | **Appendix K**, Number of Assessments with disposition (approved, denied, etc.) |
| **e.** | Administrative Hearing Report | Number of Hearing requests received, in process, dispositions, and final outcomes for each case. |
| **f.** | Invoice Detail Report | Number of Assessments per category Include Member-level detail, name, MaineCare ID; referral date, re-Assessment due date, and Assessment completion date, as appropriate. |

# Submit all the required reports to the Department in accordance with the timelines established in **Table 3**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3 – Required Reports Timelines** | | | |
| **Name of Report or On-Site Visit** | | **Period Captured by Report or on-site visit:** | **Due Date:** |
| **a.** | Performance Measures Report | Monthly | Within thirty (30) days following end of month |
| **b.** | Priority Report | Monthly | Within thirty (30) days following end of the month |
| **c.** | Aging Report | Monthly | Within thirty (30) days following end of the month |
| **d.** | Katie Beckett Activity Report | Monthly | Within thirty (30) days following end of the month |
| **e.** | Administrative Hearing Report | Monthly and annually | Within thirty (30) days following end of the month |
| **f.** | Invoice Detail Report | Monthly | Within thirty (30) days following end of the month |

**PART III KEY RFP EVENTS**

1. **Questions**
   1. **General Instructions:** It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
      1. Bidders and other interested parties must use **Appendix G** (Submitted Questions Form) for submission of questions. The form is to be submitted as a WORD document.
      2. The Submitted Questions Form must be submitted, by e-mail, and received by the RFP Coordinator, identified on the cover page of the RFP, as soon as possible but no later than the date and time specified on the RFP cover page.
      3. Submitted Questions must include the RFP Number and Title in the subject line of the e-mail. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.
   2. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the following website no later than seven (7) calendar days prior to the proposal due date: [Division of Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.
2. **Amendments**

All amendments released in regard to the RFP will also be posted on the following website: [Division of Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

1. **Submitting the Proposal**
   1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP. E-mails containing original proposal submissions, or any additional or revised proposal files, received after the 11:59 p.m. deadline will be rejected without exception.
   2. **Delivery Instructions:** E-mail proposal submissions are to be submitted to the State of Maine Division of Procurement Services at [Proposals@maine.gov](mailto:Proposals@maine.gov).
      1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
      2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
      3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Please check with your organization’s Information Technology team to ensure that your security settings will not encrypt your proposal submission.
      4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
      5. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202210171 Proposal Submission – [Bidder’s Name]”**
      6. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

* **File 1 [Bidder’s Name] – Preliminary Information:**

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

**Appendix B** (Debarment, Performance and Non-Collusion Certification)

All required documentation stated in PART IV, Section I.

* **File 2 [Bidder’s Name] – Organization Qualifications and Experience:**

*PDF format preferred*

**Appendix C** (Organization Qualifications and Experience Form)

**Appendix D** (Subcontractors Form), if applicable

All required information and attachments stated in PART IV, Section II.

* **File 3 [Bidder’s Name] – Proposed Services:**

*PDF format preferred*

**Appendix E** (Response to Proposed Services Form)

All required information and attachments stated in PART IV, Section III.

* **File 4 [Bidder’s Name] – Cost Proposal:**

*WORD**format preferred*

**Appendix F** (Cost Proposal Form)

All required information and attachments stated in PART IV, Section IV.

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

This section contains instructions for Bidders to use in preparing their proposals. The Department seeks detailed yet succinct responses that demonstrate the Bidder’s qualifications, experience, and ability to perform the requirements specified throughout the RFP.

The Bidder’s proposal must follow the outline used below, including the numbering, section, and sub-section headings. Failure to use the outline specified in PART IV, or failure to respond to all questions and instructions throughout the RFP, may result in the proposal being disqualified as non-responsive or receiving a reduced score. The Department, and its evaluation team, has sole discretion to determine whether a variance from the RFP specifications will result either in disqualification or reduction in scoring of a proposal. Rephrasing of the content provided in the RFP will, at best, be considered minimally responsive.

Bidders are not to provide additional attachments beyond those specified in the RFP for the purpose of extending their response. Additional materials not requested will not be considered part of the proposal and will not be evaluated. Include any forms provided in the submission package or reproduce those forms as closely as possible. All information must be presented in the same order and format as described in the RFP.

**Proposal Format and Contents**

**Section I Preliminary Information** (File #1)

* 1. **Proposal Cover Page**

Bidders must complete **Appendix A** (Proposal Cover Page). It is critical that the cover page show the specific information requested, including Bidder address(es) and other details listed. The Proposal Cover Page must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

* 1. **Debarment, Performance and Non-Collusion Certification**

Bidders must complete **Appendix B** (Debarment, Performance and Non-Collusion Certification Form). The Debarment, Performance and Non-Collusion Certification Form must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

**Section II Organization Qualifications and Experience** (File #2)

* 1. **Overview of the Organization**

Bidders must complete **Appendix C** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. Bidders must include three examples of projects which demonstrate their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractors**

If subcontractors are to be used, including consultants, Bidders must complete **Appendix D** (Subcontractors Form) by providing a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.

* 1. **Organizational Chart**

Bidders must provide an organizational chart. The organization chart must include the project being proposed. Each position must be identified by position title and corresponding to the personnel job descriptions.

* 1. **Litigation**

Bidders must attach a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on the submitted attachment.

* 1. **Financial Viability**

Bidders must provide the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.

* 1. **Certificate of Insurance**

Bidders must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

|  |  |
| --- | --- |
| **Required Attachments Related to Organization Qualifications and Experience** | |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form |
| Two (2) | Subcontractors Form |
| Three (3) | Organizational Chart |
| Four (4) | Litigation |
| Five (5) | Financial Viability |
| Six (6) | Certificate of Insurance |

Attachments 1 – 6, must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 6 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

**Section III Proposed Services** (File #3)

Bidder must complete **Appendix E** (Response to Proposed Services Form) by providing a detailed response to the requirements outlined in this RFP.

|  |  |
| --- | --- |
| **Required Attachments Related to Proposed Services** | |
| **Attachment #:** | **Attachment Name:** |
| Seven (7) | Confidentiality Policy |
| Eight (8) | Job Descriptions |
| Nine (9) | Staffing Plan |
| Ten (10) | Implementation - Work Plan |

Attachments 7 – 10 must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 10 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

**Section IV Cost Proposal** (File #4)

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the initial period of performance and subsequent renewals, starting 1/1/2023 and ending on 12/31/2027.
     2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
     3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

Bidders must fill out **Appendix F** (Cost Proposal Form), following the instructions detailed here and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in the exclusion of the proposal from consideration, at the discretion of the Department.

The Bidder must provide a single fixed rate per Assessment/re-Assessment. The fixed rate shall apply to every Assessment and re-Assessment, regardless if it is conducted as a face-to-face visit or via telephone. The fixed rate shall be all-inclusive of the costs associated with providing the service outlined in this RFP.

The awarded Bidder will be reimbursed a percentage of the fixed rate per Initial Assessment/re-Assessment for work performed within the number of days indicated in **Chart 1** from the date the referral is received from the Department:

|  |  |  |
| --- | --- | --- |
| **Chart 1 – Performance Requirements and Reimbursement Rates** | | |
| **Assessments** | **% of Reimbursement of Fixed rate per Assessment** | **Completed within # of Business Days** |
|  |  |  |
| **Initial Assessments** | 100% | Fourteen (14) Business Days or fewer |
| 90% | Fifteen (15) Business Days |
| 80% | Sixteen (16) Business Days or longer |
|  |  |  |
| **Re-Assessments** | 100% | Completed within the month the Re-Assessment is due |
| 90% | Completed one (1) Business Day after the end of the month the Re-Assessment is due |
| 80% | Completed two (2) Business Days or longer after the end of the month the Re-Assessment is due |

For face-to-face Assessments/re-Assessments, the Department will allow a charge of twenty-five dollars ($25.00) when the Child and parent/guardian do not appear for the face-to-face appointment and did not call to cancel or reschedule. The Department will not provide reimbursement for a Client/Member’s failure to attend a scheduled telephone Assessment.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

1. **Evaluation Process - General Information**
   1. An evaluation team, composed of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP.
   2. Officials responsible for making decisions on the award selection will ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder whose proposal provides the best value to the State of Maine.
   3. The Department reserves the right to communicate and/or schedule interviews/presentations with Bidders, if needed, to obtain clarification of information contained in the proposals received. The Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations. Changes to proposals, including updating or adding information, will not be permitted during any interview/presentation process and, therefore, Bidders must submit proposals that present their rates and other requested information as clearly and completely as possible.
2. **Scoring Weights and Process**
   1. **Scoring Weights:** The score will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria.

**Section I. Preliminary Information (No Points)**

Includes all elements addressed above in Part IV, Section I.

**Section II. Organization Qualifications and Experience (30 points)**

Includes all elements addressed above in Part IV, Section II.

**Section III. Proposed Services (45 points)**

Includes all elements addressed above in Part IV, Section III.

**Section IV. Cost Proposal (25 points)**

Includes all elements addressed above in Part IV, Section IV.

* 1. **Scoring Process:** The evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Sections IV, the Cost Proposal, will be scored as described below.
  2. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest bid will be awarded 25 points. Proposals with higher bids values will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted cost proposal / Cost of proposal being scored) x 25 = pro-rated score

No Best and Final Offers: The State of Maine will not seek or accept a best and final offer (BAFO) from any Bidder in this procurement process.  All Bidders are expected to provide their best value pricing with the submission of their proposal.

* 1. **Negotiations:** The Department reserves the right to negotiate with the awarded Bidder to finalize a contract. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposal to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with an awarded Bidder who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.

1. **Selection and Award**
   1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
   2. Notification of conditional award selection or non-selection will be made in writing by the Department.
   3. Issuance of the RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to the RFP, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
   4. The Department reserves the right to reject any and all proposals or to make multiple awards.
2. **Appeal of Contract Awards**

Any person aggrieved by the award decision that results from the RFP may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in [5 M.R.S.A. § 1825-E](http://www.mainelegislature.org/legis/statutes/5/title5sec1825-E.html) and [18-554 Code of Maine Rules Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within fifteen (15) calendar days of receipt of notification of conditional contract award.

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

1. **Contract Document**
   1. The awarded Bidder will be required to execute a State of Maine Service Contract with appropriate riders as determined by the issuing department.

Forms and contract documents commonly used by the Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

* 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, [Chapter 110, § 3(B)(i)](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-110).)

This provision means that a contract cannot be effective until at least fourteen (14) calendar days after award notification.

* 1. The State recognizes that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Procurement Review Committee. Any appeals to the Department’s award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date listed in the RFP may need to be adjusted, if necessary, to comply with mandated requirements.
  2. In providing services and performing under the contract, the awarded Bidder must act as an independent contractor and not as an agent of the State of Maine.

1. **Standard State Contract Provisions**
   1. Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Bidder in the finalization of the contract.

* 1. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net 30 payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from the RFP.

**PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

**Appendix A** – Proposal Cover Page

**Appendix B** – Debarment, Performance, and Non-Collusion Certification

**Appendix C** – Qualifications and Experience Form

**Appendix D** – Subcontractors Form

**Appendix E** – Response to Proposed Services Form

**Appendix F** – Cost Proposal Form

**Appendix G** – Submitted Questions Form

**Appendix H** – MED KIDS-KB Assessment Form Fields

**Appendix I** – Hearing Report Form

**Appendix J** – Authorization to Release Information Form

**Appendix K** – ME Katie Beckett Activity Report, CY2021

**Appendix L** – Performance Measures Report

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**PROPOSAL COVER PAGE**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bidder’s Organization Name:** | |  | | | |
| **Chief Executive - Name/Title:** | |  | | | |
| **Tel:** |  | | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |
| ***(Provide information requested below if different from above)*** | | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | |  | | |
| **Tel:** |  | | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |

* This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder’s proposal.
* No attempt has been made, or will be made, by the Bidder to induce any other person or firm to submit or not to submit a proposal.
* The above-named organization is the legal entity entering into the resulting contract with the Department if they are awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**DEBARMENT, PERFORMANCE, and NON-COLLUSION CERTIFICATION**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.*
3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification.*
4. *Have not within a three (3) year period preceding this proposal had one or more federal, state, or local government transactions terminated for cause or default*.
5. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **Present a brief statement of qualifications, including any applicable licensure and/or certification. Describe the history of the Bidder’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |

**APPENDIX C (continued)**

|  |
| --- |
| **Provide a description of projects that occurred within the past five years which reflect experience and expertise needed in performing the functions described in the “Scope of Services” portion of the RFP. For each of the project examples provided, a contact person from the client organization involved should be listed, along with that person’s telephone number and e-mail address. Please note that contract history with the State of Maine, whether positive or negative, may be considered in rating proposals even if not provided by the Bidder.** |

|  |  |
| --- | --- |
| **Project One** | |
| **Business Reference Name:** |  |
| **Reference Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Description of Project** | |
|  | |

|  |  |
| --- | --- |
| **Project Two** | |
| **Business Reference Name:** |  |
| **Reference Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Description of Project** | |
|  | |

**APPENDIX C (continued)**

|  |  |
| --- | --- |
| **Project Three** | |
| **Business Reference Name:** |  |
| **Reference Contact Person:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |
| **Description of Project** | |
|  | |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## SUBCONTRACTORS FORM

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |

|  |
| --- |
| **If subcontractors are to be used, including consultants, provide each individual subcontractor business name, contact person, address, phone number, and a brief description of the subcontractor’s organizational capacity and qualifications.** |

|  |  |
| --- | --- |
| **Subcontractor** | |
| **Subcontractor Business Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor’s organizational capacity and qualifications** | |
|  | |

|  |  |
| --- | --- |
| **Subcontractor** | |
| **Subcontractor Business Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor’s organizational capacity and qualifications** | |
|  | |

**APPENDIX D (continued)**

|  |  |
| --- | --- |
| **Subcontractor** | |
| **Subcontractor Business Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor’s organizational capacity and qualifications** | |
|  | |

|  |  |
| --- | --- |
| **Subcontractor** | |
| **Subcontractor Business Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor’s organizational capacity and qualifications** | |
|  | |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

**The response to proposed services form may be obtained in a Word (.docx) format by double clicking on the document icon below.**



**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**COST PROPOSAL FORM**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Fixed Rate per Assessment/re-Assessment:** | **$** |

**Instructions:** Bidders must provide a single fixed rate per Assessment/re-Assessment. The fixed rate shall apply to every Assessment and re-Assessment, regardless if it is conducted as a face-to-face visit or via telephone. The fixed rate shall be all-inclusive of the costs associated with providing this service. The fixed rate per Assessment/re-Assessment is the amount to be used in the scoring cost formula for evaluation purposes.

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**SUBMITTED QUESTIONS FORM**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

|  |  |
| --- | --- |
| **Organization Name:** |  |

|  |  |
| --- | --- |
| **RFP Section & Page Number** | **Question** |
|  |  |
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|  |  |
|  |  |

*\* If a question is not related to any section of the RFP, state “N/A” under “RFP Section & Page Number”.*

*\*\* Add additional rows, if necessary.*

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**MED KIDS-KATIE BECKETT ASSESSMENT FORM**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

**The Assessment Form may be obtained in a PDF (.pdf) format by double clicking on the document icon below.**

**~~~~**

**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**ADMIN HEARING REPORT FORM**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

**The Admin Hearing Report Form may be obtained in a PDF (.pdf) format by double clicking on the document icon below.**

**~~~~**

**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**AUTHORIZATION TO RELEASE INFORMATION FORM**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

**The Authorization to Release Information Form may be obtained in a PDF (.pdf) format by double clicking on the document icon below.**



**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**ME KATIE BECKETT ACTIVITY REPORT, CY2021**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

**The ME Katie Beckett Activity Report may be obtained in a PDF (.pdf) format by double clicking on the document icon below.**



**APPENDIX L**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202210171**

**Medical Eligibility Determination for the Katie Beckett Benefit**

**The performance measure report template may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

