**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Behavioral Health*



**RFA# 202207122**

**Catalyst Funds for Residential**

**Substance Use Disorder Treatment**

**Grant Funding Opportunity**

|  |  |
| --- | --- |
| **RFA Coordinator** | All communication regarding the RFA must be made through the RFA Coordinator identified below.  **Name:** Brittany Hall **Title:** Procurement Administrator  **Contact Information:** [Brittany.hall@maine.gov](mailto:Brittany.hall@maine.gov) |
| **Submitted Questions** | *All questions must be received by the RFA Coordinator identified above by:*  **Date:** August 16, 2022, no later than 11:59 p.m., local time and must include **“RFA# 202207122 Questions”** in the subject line of the e-mail. |
| **Application Submission Period** | *Applications must be received by the Division of Procurement Services by:*  **Submission Deadline:** September 26, 2022, no later than 11:59 p.m., local time.  *Applications must be submitted electronically to the following address:*  **Electronic (e-mail) Submission Address:** [Proposals@maine.gov](mailto:Proposals@maine.gov)  and must include **“RFA# 202207122 Application Submission”** in the subject line of the e-mail. |

**RFA TERMS/ACRONYMS with DEFINITIONS**

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

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| **Term/Acronym** | **Definition** |
| [**American Society of Addiction Medicine**](https://www.asam.org/) **(ASAM)** | A professional medical society representing physicians, clinicians, and associated professionals in the field of addiction medicine; dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. |
| **Consumers** | People seeking, engaged in, previously engaged in, or at high risk of requiring Residential Substance Use Disorder (SUD) Treatment. |
| **Cultural and Structural Competency** | Suitability, customization, and tailoring of programs, services, and service environments to meet needs of Populations that have historically experienced health disparities. |
| **Department** | Department of Health and Human Services |
| **MaineCare** | Maine's Medicaid program |
| **Medications for Alcohol Use Disorder (MAUD)** | An approach to alcohol use treatment that seeks to reduce alcohol consumption and increase abstinence rates through the use of FDA-approved drugs. |
| **Medications for Opioid Use Disorder (MOUD)** | An approach to opioid use treatment that relies on the use FDA-approved drugs to treat people diagnosed with Opioid Use Disorder (OUD). |
| **Opioid Use Disorder (OUD)** | A problematic pattern of opioid use leading to clinically significant impairment or distress. |
| **Populations that have Historically Experienced Health Disparities** | Black, indigenous, and other people of color (BIPOC); lesbian, gay, bisexual, and transgender (LGBTQIA+) persons; asylees, immigrants, and refugees; chronically homeless persons; and persons living in chronic poverty. |
| **Residential SUD Treatment** | Treatment provided in a residential setting for individuals with an SUD. Residential SUD Treatment does not include services provided in conditions of involuntary confinement. |
| **RFA** | Request for Application |
| **State** | State of Maine |
| **Substance Use Disorder (SUD)** | Occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. |

**Details and Instructions**

## Application Purpose and Background

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine residents.

[Maine’s Opioid Response: 2021 Strategic Action Plan](https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Strategic%20Action%20Plan%202021.Full%20Plan.1.31.21%20FINAL.pdf) prioritizes the availability of local, immediate, and affordable treatment that best fits each individual. In support of this plan, the Department has implemented multiple initiatives to increase access to Substance Use Disorder (SUD) treatment services. SUD treatment has many levels of care depending on the individual’s needs. For example, a Residential SUD Treatment facility provides the highest acuity stage of treatment (inpatient treatment) before transitioning individuals to lower levels of community-based care (traditional outpatient care). Maine’s Residential SUD Treatment facilities are licensed, overseen by the Department, and held to standards aligned with the American Society of Addiction Medicine (ASAM).

There is a well-documented need to expand Residential SUD Treatment capacity Statewide. This has been exacerbated by the pandemic-related increase in behavioral health crises and overdoses. In 2021, Maine experienced a twenty-three percent (23%) increase in fatal overdoses. There is a severe shortage of Residential SUD Treatment, a critical component of the care continuum for treating SUD, especially for MaineCare members and uninsured individuals.

To address this need, in December of 2020, Maine received approval from [Centers for Medicare & Medicaid Services](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiPuuyNvcb4AhVfk4kEHU18CkIQFnoECA8QAQ&url=https%3A%2F%2Fwww.cms.gov%2F&usg=AOvVaw0mjVHJ_7xrW8MhOn54CdqM), for a five- (5) year SUD 1115 demonstration waiver, which allowed MaineCare to draw down federal funding for sites with more than sixteen (16) beds (previously not permitted under the “Institution of Mental Disease exclusion”). The Department has implemented significant reimbursement rate increases for Residential SUD Treatment, implemented policy changes to improve service delivery, and provided technical assistance to providers.In addition, the Department released RFA 202205084: Capital Funds for Residential Substance Use Disorder Treatment Facilities Grant Funding Opportunity, focused on supporting Residential SUD Treatment providers in changing their physical facilities to accommodate additional beds and expand their desired continuum of care(e.g., flexible treatment levels, more highly-supported transitions of care).

While Residential SUD Treatment providers have expressed eagerness and a commitment to expand capacity with these new options and support, they often lack the funding, administrative capacity, and staffing to expand the capacity of the services in anticipation of benefiting from increased reimbursement rates and may be deterred by the down-side risks of investing in expanding capacity.

The purpose of this RFA is to provide start-up funding, with a cap of seventy-three thousand dollars ($73,000) per additional bed, to support the establishment of new, or expansion of existing, Residential SUD Treatment in alignment with new Medicaid regulations permitting utilization of larger Residential SUD Treatment facilities under the MaineCare program.

Funds awarded through this RFA may be used to support administrative costs, staffing costs, and other costs anticipated in increasing access to Residential SUD Treatment, but may not be used to support the purchase, renovation, or alteration of physical facilities and infrastructure or other costs.

Under this one-time funding opportunity, awarded Applicants will be required to bill MaineCare, the maximum allowed rate for services provided. Application project awards are expected to result in the establishment of services that will not require additional Department funds to maintain the gains made during the project period.

## General Provisions

1. From the time this RFA is issued until award notification is made, all contact with the State regarding this RFA must be made through the RFA Coordinator identified on the cover page of this RFA. No other person/State employee is empowered to make binding statements regarding this RFA. Violation of this provision may lead to disqualification from the application process, at the State’s discretion.
2. The Applicant shall take careful note that in evaluating its application submitted in response to this RFA the Department will consider materials provided in the application and internal Departmental information of previous contract history, if any, with the Applicant. The Department also reserves the right to consider other reliable references and publicly available information in evaluating the Applicant’s experience and capabilities.
3. All submissions in response to this RFA 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.).
4. All applicable laws, whether or not herein contained, shall be included by this reference. It shall be the Applicant’s responsibility to determine the applicability and requirements of any such laws and to abide by them.

## Eligibility to Submit Applications

In order to be eligible for this grant funding opportunity, Applicants must have a current:

1. MaineCare Provider Agreement or a contract with the Department to provide Residential SUD Treatment for uninsured individuals; or
2. Licensed through the Department’s [Division of Licensing and Certification for Behavioral Health Services](https://www.maine.gov/dhhs/dlc/licensing-certification/behavioral-health).

## Awards

The Department anticipates making multiple awards as a result of this RFA process, including partial awards. The Department may award all or some of the available funding. The Department reserves the right to eliminate the lowest scoring application(s), approve or deny funding requests, and/or make awards at amounts less than requested, whichever is in the best interest of the State. Application funding requests will be considered on a case-by-case basis.

The Department intends to apply priority scoring for applications for programs specifically designed to serve Populations that have Historically Experienced Health Disparities in any location of the State, and programs located in and serving Kennebec, Aroostook, Androscoggin, and/or Washington counties, and/or the cities of Portland and/or Bangor.

Any person aggrieved by the award decision that results from the RFA 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 15 calendar days of receipt of notification of conditional contract award.

1. **Contract Terms**

The Department anticipates issuing one-time catalyst funding awards to Residential SUD Treatment facilities that serve MaineCare members or other uninsured individuals for a contract period to begin as early as September 2022. Contract periods may vary based on the time each application is received and scored and the Department’s ability to fully execute each contract.

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**Priority Populations**

1. **Services to Priority Populations**

Applicants who intend to provide services to priority populations must describe the priority populations this project is designed to serve, including identifying:

* + 1. How the program will service populations that have Historically Experienced Health Disparities in any location of the State and who is included in the priority population; and
    2. If services will be located in Kennebec, Aroostook, Androscoggin, and/or Washington counties, and/or, the cities of Portland and/or Bangor.

**Activities and Requirements**

1. **Project Workplan**
2. Provide a workplan that addresses, at a minimum, projected timelines for the following project phases, as applicable:
3. Program certifications and/or licensing;
4. Onboarding of staff;
5. Residential service the agency will be providing through the bed expansion;
6. ASAM Level of care appliable to bed expansion;
7. Anticipated delivery of new and/or expanded service;
8. Number of beds added;
9. Plans to fill beds; and
10. Plans to sustain program expansion beyond the project period.
11. If/when changes are made to the timeline, provide an updated workplan to the Department within seven (7) calendar days of identification of change, to ensure the Department is informed of the progress of the work to be performed.
12. **Operational Requirements**

Provide documentation of all required certifications/licenses required by the appropriate Department.

For projects that cannot be licensed/certified by the State and/or local level until the project is complete, demonstrate an understanding of the licensing/certification timelines and requirements.

Provide a brief proposal to meet staffing requirements mandated by State and local licensing agencies in order to operate a Residential SUD Treatment facility.

Provide a brief outline of the procedures and standards for staff providing Residential SUD Treatment, including:

1. Hiring;
2. Retention;
3. Supervision; and
4. Training, including confidentiality.
5. Provide the anticipated physical location, hours of operation, number of potential Consumers to be served based on increased supply (number of beds) of residential treatment for SUD (taking into account new Medicaid regulations permitting utilization of larger residential treatment facilities under the MaineCare program, when applicable) and stratified by health insurance payer type (i.e. private pay, commercial, MaineCare, Medicare, uninsured),.
6. Describe how the agency intends to prioritize services for MaineCare members and/or uninsured individuals.
7. **Programmatic Requirements**
8. **Program Requirements**
   1. Describe the services to be offered and the Residential SUD Treatment regimen, including evidence supporting the structure of the program(s) alignment with applicable American Society of Addiction Medicine (ASAM) criteria.
      1. For Consumers with an Opioid Use Disorder (OUD) diagnosis describe how the Applicant will ensure and facilitate initial and continued access to medications for OUD.
      2. Awarded Applicants shall not deny services to Consumers on the basis of utilizing Medications for Opioid Use Disorder (MOUD) or Alcohol Use Disorder (MAUD), and shall provide or facilitate access to MOUD and MAUD as clinically appropriate and as desired by the individual Consumer.
   2. Describe how Consumers will be recruited, engaged, and retained in services, including policies and practices to support accessing and remaining in Residential SUD Treatment services.
   3. Describe the Applicant’s experience in collaborating and coordinating with other community service agencies, prisons/jails and/or correctional facilities, and other providers and support services within the continuum of care and services and programs that address social determinants of health.
   4. Describe how the Applicant will collaborate with agencies and other stakeholders to support Consumers pre- and post-discharge and plans for continuing to engage Consumers returning to the recovery community.
   5. Describe how services will be brought to scale and will be sustainable without additional support from the Department.
      1. Include a prospective timeline indicating how earned income revenue is expected to grow and displace the need for catalyst funds over the project period.
   6. Describe how catalyst funds for Residential SUD Treatment received from the Department will be used to achieve all activities outlined in this RFA.
9. **Equity and Consumer Engagement**
   1. Provide a plan for or demonstrate how Consumer data and data from Populations that have Historically Experienced Health Disparities will be collected and integrated into the project.
   2. Describe efforts to engage Consumers and members of Populations that have Historically Experienced Health Disparities in governance, leadership, and direct service staffing.
   3. Describe efforts to ensure the project provides Culturally and Structurally Competent services.
   4. Describe efforts to prioritize service delivery for Populations that have Historically Experienced Health Disparities.
      1. Include a plan to outreach, engage, and retain Consumers in services who identify as members of these populations.
   5. Describe how the project will monitor utilization and outcomes of services for Populations that have Historically Experienced Health Disparities and adapt approaches as necessary to improve utilization and outcomes.
   6. Explain any active or outstanding complaints or issues with relevant credentialing bodies against the Applicant, its leadership, or governance, and active or outstanding complaints or issues with the [Maine Human Rights Commission](https://www.maine.gov/mhrc/) within the past four (4) years.
10. **Allowable Use of Funds**

Describe the proposed project and how allowable use of funding will meet the requirements outlined in the RFA.

Awarded funds may only be utilized for administrative and service delivery costs which enable new and/or expanding Residential SUD Treatment to increase their census and get to scale. Catalyst funds may not be used on capital expenditures.

**Key Process Events**

## Submitting Questions about the Request for Applications

Any questions must be submitted by e-mail and received by the RFA Coordinator identified on the cover page of this RFA, as soon as possible but no later than the date and time specified on the RFA cover page. Submitted Questions must include the subject line: “RFA# 202207122 Questions”. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.

**Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the Division of Procurement Services [Grant RFPs and RFAs](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants) website. 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.

## Amendments to the Request for Applications

All amendments (if any) released in regard to this Request for Applications will be posted on the Division of Procurement Services [Grant RFPs and RFAs](https://www.maine.gov/dafs/bbm/procurementservices/vendors/grants) website. 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.

## Submitting the Application

* 1. **Applications Due:** Applications must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFA. E-mails containing original application submissions, or any additional or revised application files, received after the 11:59 p.m. deadline will be rejected without exception.

At the Department’s discretion, this RFA may be reopened to fund additional applicants who meet the requirements of the RFA.

1. **Submission Instructions:** Applications are to be submitted electronically to the State of Maine Division of Procurement services, via e-mail, to [proposals@maine.gov](mailto:proposals@maine.gov).
   1. Only applications 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 applications 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 organizations Information Technology team to ensure your security settings will not encrypt your proposal submission.
   4. File size limits are 25MB per e-mail. Applicants may submit files 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. Applicants are to insert the following into the subject line of their e-mail submission: “**RFA# 202207122 Application Submission – [Applicant’s Name]**”.
   6. Applications are to be submitted as a single, typed, PDF file and must include all related documents identified on the application, refer to **Appendix C**.

**Application Evaluation and Selection**

1. **Scoring Weights:** The score will be based on a 100-point scale and will measure the degree to which each application meets the following criteria.

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| --- | --- |
| **Scoring Criteria** | **Points Available** |
| Part I – Applicant Eligibility Information | Pass/Fail |
| Part II – Priority Populations | **20** |
| Part III – Activities and Requirements | **55** |
| Part IV – Budget Form and Narrative | **25** |
| **Total Points** | **100 points** |

1. **Scoring Process:** The Grant Review Team will use a consensus approach to evaluate and score all sections listed above. Members of the review team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections.

The Department intends to apply priority scoring for application for programs specifically designed to serve Populations that have Historically Experienced Health Disparities in any location of the State and programs located in and serving Kennebec, Aroostook, Androscoggin, and/or Washington counties, and/or the cities of Portland and/or Bangor.

Regarding the Cost Proposal, the Grant Review Team will consider whether the project work and cost estimates (tasks & budget) are reasonable for the expected outcomes, along with the amount and quality of proposed matching funds or services.

Applicants receiving a total score of sixty (60) points or higher will be considered for either full or partial funding.

1. **Selection and Award:** Notification of selection or non-selection will be made in writing by the Department. Issuance of this RFA in no way constitutes a commitment by the State of Maine to award a contract, or to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel, or any other costs incurred by the Applicant.

The Department will consider all application funding requests on a case-by-case basis. The Department reserves the right to approve or deny any funding requests including approval of an application at an amount lower than requested by the Applicant.

**APPENDIX A**

**RFA# 202207122**

**Catalyst Funds for Residential**

**Substance Use Disorder Treatment**

**GRANT FUNDING APPLICATION – COVER PAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant’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 Application - Name/Title:** | | |  | |
| **Tel:** |  | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | |
| **Headquarters City/State/Zip:** | |  | | |

* This Application and the pricing structure contained herein will remain firm for a period of one hundred eighty (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 Applicant’s Application.
* No attempt has been made, or will be made, by the Applicant to induce any other person or firm to submit or not to submit an Application.
* The above-named organization is the legal entity entering into the resulting contract with the Department should they be 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 application, both programmatic and financial, is complete and accurate at the time of submission.*

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

**APPENDIX B**

**RFA# 202207122**

**Catalyst Funds for Residential**

**Substance Use Disorder Treatment**

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

*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.*

**Failure to provide this certification will result in the disqualification of the Applicant’s Application.**

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

**APPENDIX C**

**RFA# 202207122**

**Catalyst Funds for Residential**

**Substance Use Disorder Treatment**

## ELIGIBILITY AND APPLICATION FORM

## The Application may be obtained in a Word (.docx) format by double clicking on the document icon below.

