

Janet T. Mills
Governor

Sara Gagné-Holmes
Acting Commissioner



Maine Department of Health and Human Services
Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel.: (207) 287-3707; Fax: (207) 287-5031
TTY: Dial 711 (Maine Relay)

Sep-12-2024

Via Electronic Mail: amandalackore@gmail.com

New Beginning Care Home, LLC/Bella's House
Amanda Lackore, Administrator/Registered Nurse
11 Old Military Road
Winn, ME 04495

SUBJECT: Notice of Non-Conditional Contract Award under RFA #202404083
Washington County Area Residential Substance Use Disorder Treatment
Program

Dear Amanda Lackore,

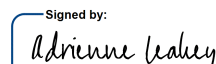
This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services for Procurement of a Residential Substance Use Disorder Treatment Program in the Washington County Area. The Department has determined that no award will be made as a result of this RFP.

As stated in the RFA, following announcement of this decision, 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](#) et seq.).

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](#) and [18-554 Code of Maine Rules 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.

Thank you for your interest in doing business with the State of Maine.

Sincerely,

Signed by:

EFD18D286BE941B...
Adrienne Leahey
Chief Operating Officer
Office of Behavioral Health

DocuSigned by:

5DC6307B8558482...
Debra Downer
Deputy Director for Competitive Procurement
Division of Contract Management

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT: New Beginning Care Home, LLC/Bella's House

DATE: August 1, 2024, August 29, 2024, September 5, 2024, and September 9, 2024

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFA Coordinator: Brittany Hall

Names of Evaluators: Adrienne Leahey, Anna Ko, Corinna O'Leary, Allison Weeks, and Martha Kluzak

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Part I. Eligibility	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Part II. Priority Withdrawal Management Services	10.00	N/A
Part III. Applicant Experience	20.00	N/A
Part IV. Response to RFA Requirements	40.00	N/A
Part V. Cost Proposal	30.00	N/A
<u>Total Points</u>	<u>100.00</u>	<u>N/A</u>

New Beginning Care Home, LLC/ Bella's House was the sole Applicant, therefore the Evaluation Team did not provide numerical scores to the application.

The Evaluation Team determined, through a consensus approach, to not issue a conditional contract award.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

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**OVERVIEW OF PART I
Eligibility**

Evaluation Team Comments:

PART I – ELIGIBILITY
<ul style="list-style-type: none">• Anticipates a forthcoming MaineCare Provider Agreement and license to provide SUD Residential Treatment Services

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

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**EVALUATION OF PART II
Priority Withdrawal Management Services**

Evaluation Team Comments:

PART II – PRIORITY SERVICES
<ul style="list-style-type: none">• Will offer Medically Supervised Withdrawal Management beds to Adults in the Washington County Area

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202404083

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APPLICANT: New Beginning Care Home, LLC/Bella's House

DATE: August 1, 2024, August 29, 2024, September 5, 2024, and September 9, 2024

**EVALUATION OF PART III
Experience and Capacity**

On August 29, 2024, the Evaluation Team met with the Applicant via Zoom to seek clarification on items within the Applicants response to Part III, Experience and Capacity.

Evaluation Team Comments:

Part III – EXPERIENCE AND CAPACITY
<ul style="list-style-type: none">• Has worked in healthcare for 14 years, has a bachelor's degree in nursing, an associate's degree in business management, and is currently working on their psychiatric nurse certification• Started a local chapter for Young Adults in Recovery in Colorado• Has provided services for psychiatric illness and those with a trauma history and has managed and delivered care to patients with co-occurring disorders• Appears to be applying as an individual with no experience as an organization or supervising a team• During the clarification meeting on August 29th, it was determined the Applicant has no formal experience in providing SUD treatment, only administering MAT and minimal care planning experience in role as a nurse• Current owner of the previous existing facility will provide policies and procedures and is readily available to assist with navigating the project, states many of the staff will return with reopening• Has worked on a business plan for over a year in order to start a PNMI facility for co-occurring disorders - unclear how much work has been done for purposes of SUD Residential treatment. During the clarification meeting on August 29th, Applicant indicated it is harder to get financing with SUD as more treatment teams are needed. Has not done a deeper dive of the SUD financials• Nursing background with lived experience as impacted family member• Did not describe the capacity or expertise which would benefit Adult Residential SUD Treatment Services• Indicates no active or outstanding complaints or issues with relevant credentialing bodies or any active or outstanding complaints or issues with the Maine Human Rights Commission within the past 4 years
LITIGATION
<ul style="list-style-type: none">• Indicates none

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202404083

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**EVALUATION OF PART IV
Response to RFA Requirements**

On August 29, 2024, the Evaluation Team met with the Applicant via Zoom to seek clarification on items within the Applicants response to Part IV, Proposed Adult Residential SUD Treatment Services.

Evaluation Team Comments:

PART IV – PROPOSED ADULT RESIDENTIAL SUD TREATMENT SERVICES	
A. Adult Residential SUD Treatment Expansion	
<ul style="list-style-type: none">• Will be located in previous SUD treatment facility, at 863 Main Road, Springfield (Penobscot County) which falls within the area outlined in the RFA• Situated on 8 acres offering privacy• 10 bedrooms (5 single/ 5 double) with private bathrooms; 2 common living areas, large group treatment room, medication room, gym with full basketball court, outside court, laundry room• Sprinkler system and fire alarm system• Provided a summary and statement of SUD treatment needs in the area and general overview of how this information was garnered• Stated there are currently 0 medically supervised detox beds/residential inpatient treatment centers within 50 miles of their current area; and closure of this facility was considered a devastating loss for the local community and the State• Original plans for the facility were not focused on SUD treatment, but after meeting with the community and State staff, they realized the need for SUD treatment facilities and wanted to be a part of the legacy originally intended by Bella's House• Did not provide quantitative/demographic data specific to the population of focus	
B. Project Workplan	
<ul style="list-style-type: none">• Proposing to provide ASAM levels 3.1, 3.5 and 3.7, unclear how business model supports providing and sustaining these levels of service• Intends to sustain operations and services through MaineCare and insurance reimbursement• Proposing to have bed availability by late 2024• During the clarification meeting on August 29th, Applicant indicated that it has not been determined how many beds for which level of ASAM, wants to be flexible to meet the needs of the community, and it is difficult to find LCSW willing to work for a company that hasn't started yet. Applicant understands that staffing pattern not sufficient to meet ASAM levels	

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFA #: 202404083

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APPLICANT: New Beginning Care Home, LLC/Bella's House

DATE: August 1, 2024, August 29, 2024, September 5, 2024, and September 9, 2024

- Did not address physical structure component or items related to the site of the facility
- Team is concerned proposed staffing will be inadequate for the levels of care
- During the clarification meeting on August 29th, Applicant acknowledge providing a final workplan during the contract period

C. Operational Requirements

- Provided a generic response to hiring, retention, supervision, and training
- Did mention co-occurring training
- During the clarification meeting on August 29th, the Applicant has looked into some available SUD trainings, still working on confirming which trainings they would provide to staff. Concern there is not an understanding of the SUD clinical framework requirements
- During the clarification meeting on August 29th, Applicant intends to hire an Executive Director who lacks applicable work experience; as well as an individual from the former Bella's House facility who is able to do payroll services and a psychiatric nurse practitioner who has experience in the correctional system
- 24-hour facility
- Anticipate serving 100 clients per year which may be unsustainable, the team would have liked to see anticipated number by bed type
- MaineCare, private pay, commercial insurance identified, but population was not stratified by insurance payer type
- Proposes to have walk-in services during normal business hours and after hours, within the proposal it is unclear how the walk-in services fits into SUD Residential Treatment model; during the clarification meeting on August 29th, the services will include 24/hr. admission for withdrawal management level of care for walk-ins
- Did not acknowledge providing Adult Residential SUD Treatment to MaineCare recipients for 3 years after the first date of bed availability; however, was acknowledged during the clarification meeting on August 29th

D. Programmatic Requirements

- Acknowledged ASAM assessment would be used for Level of Care (LOC), but did not explain how program/policies would align with each LOC being offered
- Provided a summary of specific treatment methods, response lacks detail on how the process or service provisions would be ensured at the facility
- Will coordinate with providers, hospitals, and recovery communities for recruitment
- Will work with individuals to have an active role in recovery, treatment, and goals specific to their recovery

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

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- Did not describe how Consumer engagement and retainment in services would be ensured; aside from broad statements concerning clients' having an active role and policies and practices evolution, per clients' recovery needs
- States Releases of Information to communicate with external providers at admission, as needed throughout stay, at treatment planning meetings and upon discharge, did not specifically mention centers, programs, and residences
- Will assist clients with transportation needs, as needed
- Does not describe how collaboration will occur, just that discharge plans will be developed with insurance providers, stakeholders, agencies, family members, local community resources and recovery coaches
- Does not address timeline indicating how revenue is expected to grow to displace awarded funds, but does state that they will bill insurances for reimbursement
- Did not describe plans for continuing to engage Consumers moving to the recovery community
- Will be responsible to ensure that clients' ongoing recovery after discharge is within/covered clients' financial needs; however further detail regarding process and how this would be ensured was not described
- MAT will be offered on-site and off-site, according to client preference and state regulation, unclear how off-site MAT will be offered
- During the clarification meeting on August 29th, Applicant suggested Suboxone would be provided at the facility, with methadone down the line, potentially. For MAT unavailable on-site, will offer transportation, potentially, to connect individuals with MAT off-site. Seems to not have a clear understanding of MAT

E. Equity and Consumer Engagement

- Provided a list of questions regarding what the review process would address, including a question on if actual services provided related directly to clients' goals and objectives
- Clinical Supervisor or Nurse Manager will conduct a quarterly review process according to their described procedures outlined in respective policy
- Clients would be given responsibilities to manage their living environment, participate in cooking, and other daily instrumental activities of the facility, according to their treatment plan
- "Will also encourage and support peer-led group therapies".
- Did not address efforts to engage Consumers experiencing SUD in governance and direct service staffing

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TEAM CONSENSUS EVALUATION NOTES**

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**EVALUATION OF PART V
Cost Proposal**

Evaluation Team Comments:

PART IV – PROPOSED BUDGET	
Physical Structure Project	
<ul style="list-style-type: none">Intends to utilize funding for purchase of a buildingNo match funds will be utilized	
Staffing and Movable Property Project	
<ul style="list-style-type: none">Property will come fully furnished with “beds, kitchen and laundry appliances, facility safety equipment, common area furniture, and staff furniture”Awarded funds would be used on staffing salaries for their first 3 months to cover training, onboarding, reimbursement bonuses, CRMA training, bedroom linens for the 15 beds, bathroom towels and patient and staff computersMatching funds will be used to purchase a vehicle for transportation, a vehicle for facility maintenance, and operational expenses and insurance costs	
Budget Form	
Physical Structure Project	
<ul style="list-style-type: none">Requesting \$1,225,000	
Physical Structure Project Budget Narrative/Justification	
<ul style="list-style-type: none">\$1,200,000 for property acquisition costs and \$25,000 in listed separate closing costs (e.g., Title Insurance and Title Search), with dates of completion noted as “TBD-dependent on funding”	
Staffing and Movable Property Project	
<ul style="list-style-type: none">Requesting \$349,156Matching funds include \$160,000 and will be provided by facility assets and/or banking lending	
Staffing and Movable Property Project Budget Narrative/Justification	
<ul style="list-style-type: none">Staffing for 3 months, recruitment and retention bonuses, training, linens and computersIndicated intended distribution for staff recruitment/one-time bonus, and the total amount (\$62,500) is within the RFA's 5% maximum for sign-on/recruitment bonus funding requestsIndicates facility's location makes it difficult to appropriately hire and compensate nurses and staff; prior facility-hired staff are mentioned as “looking forward to	

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returning to the facility", with their biggest concern being wages, goal and plan is to increase wages

- During the clarification meeting on August 29th, financial plan/cost proposal addresses increase in wages in an attempt to attract and retain staffing
- If hourly rates are inclusive of benefits (fringe, health benefits, overhead, etc.), rates may be low for recruitment and retention
- Exact details for reimbursement bonus not provided (e.g., recruitment or retention), unclear how the "reimbursement bonus" would be utilized/distributed, especially in relation to the wage concern; during the clarification meeting on August 29th, Applicant indicates this is no finalized plan for providing bonuses
- Work plan states LADC would be PT, however, cost proposal states that there would be a PT nurse and the LADC would be full time. Unclear actual intended work hours for LADC position

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: July 26, 2024 and August 29, 2024

EVALUATOR NAME: Martha L. Kluzak

EVALUATOR DEPARTMENT: DHHS/ Division of Facilities Management

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Applications (RFA) process. It is **required** that each individual evaluator make notes for each application that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFA Coordinator or Facilitator for this RFA.*

Individual Evaluator Comments:

PART I- ELIGIBILITY REQUIREMENTS	
In order to be eligible for grant funding under this RFA, Applicants must:	
<ol style="list-style-type: none">1. Have a current or forthcoming MaineCare Provider Agreement; and2. Be licensed or have the ability to obtain licensure through the Department's Division of Licensing and Certification for Behavioral Health Services to provide Residential SUD Treatment.	
1. Does the Applicant have a current or forthcoming MaineCare Provider Agreement?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Provide a copy of their MaineCare Provider Agreement or describe the Applicant's plan for attaining a MaineCare Provider Agreement, included anticipated timelines, as applicable.
<ul style="list-style-type: none">• Applicant plans to submit all necessary documentation to obtain a MaineCare Provider Agreement after closing on facility.	
2. Is the Applicant licensed or have the ability to obtain licensure through the Department's Division of Licensing and Certification for Behavioral Health Services to provide Residential SUD Treatment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Provide a copy of their current licensure for Behavioral Health Services to provide ACT, or describe the Applicant's plan for attaining the license, including anticipated timelines, as applicable.
<ul style="list-style-type: none">• Applicant plans to apply for licensure after closing on the facility. Facility has been previously licensed, and the applicant states that they are working with the DLC Program Manager to ensure compliance with the licensure process.	

**STATE OF MAINE
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DATE: July 26, 2024 and August 29, 2024

EVALUATOR NAME: Martha L. Kluzak

EVALUATOR DEPARTMENT: DHHS/ Division of Facilities Management

PART II- PRIORITY SERVICES

The Department intends to apply priority scoring to applications designed to provide Medically Supervised Withdrawal Management beds to Adults in the Washington County Area.

Will Medically Supervised Withdrawal Management beds be provided to adults under the expansion of Residential SUD Treatment?

☒ YES ☐ NO

- Facility will offer 24-hour structured care with an RN on-site around the clock and 24-hour access to a medical provider.
- RNs will provide ongoing assessments and monitor and deliver treatments and/or medications ordered by provider to manage each client's physical and emotional symptoms.

PART III – EXPERIENCE AND CAPACITY

- Applicant has 14 years of experience in healthcare; Bachelor's degree in Nursing, Associate's degree in Business Management.
- Delivered care to many patients with SUD, psychiatric illness, history of trauma
- Started local chapter for Young Adults in Recovery in CO

- Applicant has been working over past year to obtain financing, line up staffing, prepare for DHHS licensing, and gain community support
- Current owner has shared policies and procedures and is willing to assist

- Applicant has work experience, personal experience

- N/A- no active or outstanding complaints

LITIGATION

- N/A- no litigation

PART IV – PROPOSED ADULT RESIDENTIAL SUD TREATMENT SERVICES

A. Adult Residential SUD Treatment Expansion

- 863 Main Road, Springfield (Penobscot County)- former inpatient substance abuse facility
- Situated on 8 acres offering privacy
- 10 bedrooms (5 single/ 5 double) with private bathrooms; 2 common living areas, large group treatment room, medication room, gym with full basketball court, outside court, laundry room
- Sprinkler system and fire alarm system

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: DHHS/ Division of Facilities Management

- Applicant states that they have met with community members and providers, recovery centers and personnel from the state regarding the need. No data provided, however.
- No treatment centers within 50 miles of area

B. Project Workplan

- A. provided, with timelines
- B. not provided in this section, but described in detail in prior section
- C, D, E no information provided in this section, presumably because the facility structure already exists
- F. provided, with timelines [1 Nurse Manager, 1 Executive Director, 4.5 RNs, 4 CRMA, 1 LCSW, 1 p/t LADC, 1 Clinical Supv, 1 Dietary worker, 1 maintenance worker, 1 medical provider, 1 Medical Director] + All potential clinical employees are currently licensed and actively working in SUD field
- G. provided, with timelines [Medically monitored Inpatient Intensive, Clinically Managed High-Intensity, Low Intensity Residential]
- H. provided, with timelines [ASAM 3.7, 3.5, 3.1; upon obtaining licensure]
- I. addressed- has a P&S agreement, willing to close when funds are available; then Licensing can take up to 60 days
- J. addressed- 15 beds
- K. addressed- referrals from providers, hospitals, recovery centers; states will develop marketing plan and be involved with community; no timeline provided
- L. addressed [provider agreements with VA, MaineCare, commercial insurance carriers]
- 2. Not acknowledged

C. Operational Requirements

- Each area addressed, although light in content
- Training- is minimum of 20 hours/year standard? Minimum of 4 hours training re: co-occurring disorders standard?
- 24-hour facility
- Anticipate 100 clients per year to be served
- MaineCare, private pay, commercial insurance identified, but not stratified by type
- Response did not acknowledge three-year commitment

D. Programmatic Requirements

- Addressed, in detail, identifying the ASAM dimensions and regimens- psychotherapy, psychoeducation, MAT, counseling, co-occurring diagnosis treatment

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EVALUATOR DEPARTMENT: DHHS/ Division of Facilities Management

<ul style="list-style-type: none">• Pharmacotherapy/MAT and Psychotherapy/CBT/Individual and Group Therapy/Art and Music Therapy, Family and Peer-led Therapy• Cites JJ Carrol (2022) and McHugh, Hearon and Otto (2011) as references• Fidelity monitored by clinical team and adjusted as needed
<ul style="list-style-type: none">• Recruitment: through connections with providers, hospitals, recovery communities• Engagement: individualized treatment• Retention: active involvement with policies and procedures that evolve to meet needs• Would have liked to have seen a little more information in this section
<ul style="list-style-type: none">• Releases of Information to communicate with external providers at admission, as needed throughout stay, at treatment planning meetings and upon discharge.• Response does not specifically mention centers, programs and residences as described in 4(a)
<ul style="list-style-type: none">• Minimally responsive- does not describe how collaboration will occur, just that discharge plans will be developed with insurance providers, family members, local community resources and recovery coaches• Does not address timeline indicating how revenue is expected to grow to displace awarded funds
<ul style="list-style-type: none">• MAT will be offered onsite as well as off-site
E. Equity and Consumer Engagement
<ul style="list-style-type: none">• Monitoring will be via quarterly reviews• Does not discuss any detail of how service approach will be adapted, if necessary
<ul style="list-style-type: none">• Response does not fully reflect what I think the Department is seeking—does not address employment/direct staffing opportunities, board membership, etc.

PART IV – PROPOSED BUDGET
Physical Structure Project
<ul style="list-style-type: none">• 1,225,000.00 to purchase property and pay for closing costs• Did not identify any matching funds in this category
Staffing and Movable Property Project
<ul style="list-style-type: none">• \$349,156 for staffing costs and tangibles• 3 months salary (including training, onboarding, bonuses)• Linens and towels• Patient and staff computers

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Martha L. Kluzak

EVALUATOR DEPARTMENT: DHHS/ Division of Facilities Management

<ul style="list-style-type: none">States 10% matching funds will be used for purchase of vehicles and towards operational costs and insurance, but does not provide dollar amounts and breakdown	
Budget Form	
Physical Structure Project	
1. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$1,225,000.00
<ul style="list-style-type: none">Source: sale price and closing costs	
2. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	\$None listed
<ul style="list-style-type: none">None listed	
Physical Structure Project Budget Narrative/Justification	
<ul style="list-style-type: none">provided	
Staffing and Movable Property Project	
3. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$349,156.00
<ul style="list-style-type: none">Source: not provided	
4. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	\$160,000.00
<ul style="list-style-type: none">Source: facility assets/banking lending	
Staffing and Movable Property Project Budget Narrative/Justification	
<ul style="list-style-type: none">Provided, detailed	

Notes from Request for Clarification on 8/29/2024
<ul style="list-style-type: none">No formal experience in providing SUD treatment, only administering MAT and being involved in interventions in role as a nurseASAM level of services planned: MAT, Res 1, Res 2, Long-term/half-way house (180 days) servicesWant to accept people who are actively detoxing, so want to be able to allow for a 24-hour admission to walk in clients

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INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Martha L. Kluzak

EVALUATOR DEPARTMENT: DHHS/ Division of Facilities Management

- | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Attests applicant plans to submit final work plan when the contract period starts (within 10 business days)• Attests applicant plans to keep the facility open for 3+ years• SUD training for nurses- certification out of Maryland; non-nurses, applicant has not discovered much in the way of training• Financial plan/cost proposal addresses increases in wages in an attempt to attract and retain staffing |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/25/24 and 8/29/24

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Applications (RFA) process. It is **required** that each individual evaluator make notes for each application that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFA Coordinator or Facilitator for this RFA.*

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1. Does the Applicant have a current or forthcoming MaineCare Provider Agreement?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Provide a copy of their MaineCare Provider Agreement or describe the Applicant's plan for attaining a MaineCare Provider Agreement, included anticipated timelines, as applicable.
<ul style="list-style-type: none">• Applicant indicated that they will fill out and submit all necessary documentation in order to obtain a MaineCare Provider Agreement after they close on the facility.• Applicant stated that they expect the process to take 60 days or less.	
2. Is the Applicant licensed or have the ability to obtain licensure through the Department's Division of Licensing and Certification for Behavioral Health Services to provide Residential SUD Treatment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Provide a copy of their current licensure for Behavioral Health Services to provide ACT, or describe the Applicant's plan for attaining the license, including anticipated timelines, as applicable.
<ul style="list-style-type: none">• Applicant stated that they will apply for all proper licensure required by the State after closing.	

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DATE: 7/25/24 and 8/29/24

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

- Applicant stated that they expect the licensing process to take 60 days or less.
- Applicant stated that the current building was previously licensed, and the seller has maintained ongoing fire inspection and fire marshal approval.
- Applicant stated that they are actively working with the Division of Licensing and Certification Program Manager to ensure compliance with the licensure process.

PART II- PRIORITY SERVICES

The Department intends to apply priority scoring to applications designed to provide Medically Supervised Withdrawal Management beds to Adults in the Washington County Area.

Will Medically Supervised Withdrawal Management beds be provided to adults under the expansion of Residential SUD Treatment?

☒ YES ☐ NO

- Applicant stated that their facility will offer 24-hour structured care with a registered nurse on-site at all times and will include 24-hour access to a medical provider.
- Applicant stated that nurses will provide ongoing assessments of individuals undergoing treatment for medically managed withdrawal and will monitor and deliver treatments and/or medications ordered by the provider to manage client's physical and emotional symptoms.

PART III – EXPERIENCE AND CAPACITY

- Applicant stated they have worked in healthcare for 14 years, have a bachelor's degree in nursing, an associate's degree in business management, and is currently working on their psychiatric nurse certification.
- Applicant stated they have worked as a nurse in medical-surgical nursing, home health, hospice and psychiatric care.
- Applicant stated they have provided services to patients with SUD, psychiatric illness and those with a trauma history; and has managed and delivered care to patients with co-occurring disorders.
- Applicant stated that they currently work for Dorothea Dix Psychiatric Center.
- Applicant stated that they started a local chapter for Young Adults in Recovery in Colorado.
- Applicant stated that they worked on a business plan for over a year in order to start a PNMI facility for co-occurring disorders.

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<ul style="list-style-type: none">• Applicant stated that they worked with a bank in Southern Maine to obtain financing to open the facility and have met with potential LADC, LCSWs, registered nurses, "CRMA's" dietary staff and a medical provider that are interested and available to start working once they close on the facility.• Applicant stated that they have met with the State via zoom to discuss licensing and policies related to SUD treatment and have a significant amount of support from family and local community members to re-open the facility for SUD treatment.• Applicant stated that the current owner of the facility provided them with their policies and procedures and is readily available to assist with navigating the project.
<ul style="list-style-type: none">• Applicant stated that they are a hardworking dedicated nurse that witnessed at a young age, firsthand, what SUD can do to a person's life and to those who love them.• Applicant described difficulties and life struggles her and her family encountered as a result of SUD touching her family; and shared a success from that history as well.• Applicant stated that their sister is in recovery and will be an important part of the leadership at their facility.• Stated Applicant has a determination to be a part of preventing devastation caused by substance use, with firsthand experience of the effects from those she loves and has care for in her nursing career.
<ul style="list-style-type: none">• Applicant noted none.
LITIGATION
<ul style="list-style-type: none">• Applicant indicated none.

PART IV – PROPOSED ADULT RESIDENTIAL SUD TREATMENT SERVICES

A. Adult Residential SUD Treatment Expansion

<ul style="list-style-type: none">• Applicant stated that the facility is located on 863 Maine Road, Springfield, Maine in Penobscot County.• Applicant stated that the building was licensed as an inpatient "substance abuse" facility and located off the main road that runs from Lincoln to Springfield.• Applicant stated that the facility is situated on 8 acres that offers privacy; and there are 10 bedrooms, each with private bathrooms and large walk-in showers.• Applicant stated that 5 of the rooms are single rooms and 5 rooms are double rooms. The single rooms have one closet in each room and a closet in the

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<p>bathroom, and the double rooms have 2 closets in the bedroom, and one in the bathroom.</p> <ul style="list-style-type: none">• Applicant stated that there are 2 large living common areas; 5 offices; a large group/treatment room; medication room; large commercial kitchen; gymnasium with full basketball court inside and small court outside; and a laundry room.• Applicant stated that the facility is equipped with a water-based fire protection system and a fire alarm system.
<ul style="list-style-type: none">• Applicant stated that they gathered data regarding the need for SUD treatment in this area through meeting with community members and providers, recovery centers and personnel from the State.• Applicant stated that many reached out to them personally regarding the need for SUD treatment beds, especially residential MAT programs.• Applicant stated that there are currently 0 medically supervised detox beds/residential inpatient treatment centers within 50 miles of their current area; and closure of this facility was considered a devastating loss for the local community and the State.• Applicant stated that their original plans for the facility were not focused on SUD treatment, but after meeting with the community and State staff, they realized the need for SUD treatment facilities and wanted to be a part of the legacy originally intended by Bella's house.• Applicant provided a summary and statement of SUD treatment needs in the area and general overview of how this information was garnered, but did not provide data specific to the population of focus
B. Project Workplan
<ul style="list-style-type: none">• 1.a.- Applicant stated they would have to garner Mental Health, Substance Use and Integrated License from the various entities of the State and licensing will also include 3 levels of care: non-hospital-based detox; residential rehab I and residential rehab II for up to 35 days; and halfway house/extended care.<ul style="list-style-type: none">○ Applicant stated that they would garner provisional license for 1 year and then apply for the full 2-year licensure after the initial year.○ Applicant stated that administrative staff will fill out the necessary documentation and meet all surveyor guidelines; and the facility is currently certified/inspected by the Fire Marshals office.○ Although Bidder indicated the need to apply and garner a MaineCare Provider Agreement earlier in the Application, it was not mentioned in the workplan.• 1.b. – Applicant did not address this section (project design), did not indicate anticipated physical location (which was stated previously in Application) and did

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not discuss plans for consumer and stakeholder engagement and/or key organizational leadership milestones.

- 1.c. – Applicant did not address site control. Although Applicant mentioned previously in their Application their intent to “close” on the facility, further information related to this site/facility control was not provided.
- 1.d. – Applicant did not address permits/approvals necessary and required in order to complete the project. If no permits/approvals were necessary, this was also not indicated.
- 1.e. – Applicant did not address construction/expansion requirements/preliminary construction plans, including site plans and acquisition and/or construction timeline. Although it could be the case that no construction/expansion/preliminary construction plans are needed, this was also not indicated; and mention of acquisition timeline (e.g., “closing” on the facility) was not included.
- 1.f. – Applicant stated that they would hire a nurse manager/weekday nurse, 4.5 RNs, 4 CRMAs, 1 LCSW, 1 part-time LADC, 1 clinical supervisor, 1 dietary worker, 1 maintenance worker and 1 medical provider for the facility.
 - Applicant stated that they currently have candidates for all positions except for their medical director.
 - Applicant stated that they have a medical director highly interested in working for their facility but would like the facility to be purchased prior to employment discussion.
 - Applicant stated that they would work with clinical staff to develop and create additional policies, if needed.
 - Applicant stated that their clinical staff will provide training and education to their non-clinical staff regarding SUD treatment.
 - Applicant stated that their facility orientation will take 2 weeks; and that all potential clinical employees are currently licensed, actively working in the SUD field and will not require extensive training.
 - Applicant stated that they will hire staff once the facility is purchased and start training; they expect the timeline for onboarding and training to take 2 months after “closing”.
 - Applicant stated that former employees of the facility are eager to return, and the following positions are tentatively filled: executive director, 3 CRMAs, a LCSW, a part-time LADC, a CSS, a dietary aid, a maintenance worker, 3 RNs and a nurse manager.
- 1.g. – Applicant stated that they will be providing non-hospital-based detox; residential rehab I and II; and halfway/extended care; with the adult residential program to start after receipt of provisional license. Bidder further specified

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services provided would be: "medically monitored inpatient intensive for adults", "clinically managed high-intensity for adults" and "low-[intensity] residential".

- 1.h. – Applicant stated that they will be providing ASAM level 3.7, 3.5 and 3.1.
- 1.i. – Applicant stated that the anticipated delivery date is dependent on facility closing and licensing.
 - Applicant stated that they have a purchase and sale agreement, and seller is willing to close as soon as funding is available.
 - Applicant stated that once closed, they will submit an application to the Department for licensing and anticipate licensing to take up to 60 days.
 - Applicant is hoping the facility will be open for services before the end of 2024.
- 1.j. – Applicant stated that the facility will have 15 beds.
- 1.k. – Applicant stated that their facility will work with providers, hospitals and recovery centers throughout the state, and they will work to develop a referral process.
 - Applicant stated that they have met and will continue to meet with local recovery centers in order to develop relationships with members of the community.
 - Applicant stated that they will also develop a marketing plan and be involved in the community.
- 1.l. – Applicant stated that they intend to employ someone with experience in provider billing and this individual has experience in billing, JACHO accreditation and provider agreements with MaineCare, VA and commercial insurance carriers.
- 2.a. – Applicant did not address providing a final workplan to the Department within 10 business days of the start of the contract period, nor did they address ensuring updates to the workplan are provided to the Department within 7 calendar days of change identification.

C. Operational Requirements

- 1.a. - Applicant stated that their company will be an equal opportunity employer, and will complete background checks for all employees applying, as required by State regulations. Applicant stated that the background check will be completed after a conditional offer and release are signed, and they will ensure all licenses are in good standing with the State of Maine.
- 1.b. - Applicant stated that they will have monthly staff meetings and they value staff insight regarding facility operations.

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| <ul style="list-style-type: none">○ Applicant stated that they will provide flexible work schedules, paid time off, fair-living wages, monthly stipend for healthcare, performance evaluations and professional development.○ It is unclear if the Applicant intends to offer health care benefits along with the monthly stipend for healthcare.● 1.c. - Applicant stated that it will be their policy to maintain well-structured clinical supervision that is designed and maintained to enhance their direct service personnel's skills and abilities and improve the quality of services provided.<ul style="list-style-type: none">○ Applicant stated that they will utilize clinical supervision methods such as direct observation, individual/group supervision, treatment team meetings, quality record reviews, performance evaluations and continuing education.● 1.d. - Applicant stated that all employees will attend a company orientation upon hire.<ul style="list-style-type: none">○ Applicant stated that 20 hours of annual ongoing education and training will be provided to clinical staff, at minimum.○ Applicant stated that clinical staff will also receive at least 4 hours of training/education on co-occurring disorders. It is unclear if this would be annual 4 hours training, minimum; or just a one-time training.○ Applicant stated that non-clinical staff will be offered "education and training as needed/requested upon approval".○ Applicant stated that training will be offered through in-services or external training relevant to the staff's clinical services.○ Applicant stated that employees will complete an annual review of company policies which includes but is not limited to:
[HIPAA]/confidentiality training, workplace safety, infection control, and workplace violence. |
| <ul style="list-style-type: none">● Applicant stated that the facility will be "24-hour" with a nurse and medical provider on site at all times. It is unclear if there will be days during the year that the facility is not open.● Applicant stated that they will have walk-in services during their normal business hours and after hours. Specific time frame for walk-in hours during "after hours" was not described, it is unclear if walk-in hours would be available 24/7 or only during a specific time frame during "after hours".● Applicant stated that they will offer 15 beds resulting in the potential to serve over 100 clients annually.● Applicant stated that they will accept MaineCare, private pay and will work with commercial insurance to accept reimbursement. |

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- Applicant did not stratify their number of potential Consumers by health insurance payer type, including MaineCare.
- Applicant stated that they will provide treatment/services to adults on MaineCare that meet their level of care.
- Applicant did not provide a statement committing to providing Adult Residential SUD Treatment services to MaineCare recipients for at least 3 years after the first date of bed availability.

D. Programmatic Requirements

- Applicant provided a detailed list of services they will provide at the facility, including:
 - Room and board – within which Applicant indicates will include client shared responsibility for facility daily operation. Examples provided included cooking, cleaning and house rule maintenance, as appropriate according to the level of residential treatment provided;
 - Medication management;
 - A medical director that would be available 24 hours for contact (phone/other);
 - Counseling, including planned regimen of 24-hour professionally directed evaluation, care and treatment for those with SUD and their families, including individual group and/or family counseling;
 - Health education services;
 - Educational guidance, programs and vocational counseling;
 - Leisure time activities, including recreational activities – further detail not provided;
 - Integration of family and significant other activities and group;
 - Living skills training, as needed; and
 - Transportation (destinations not specified).
- Applicant stated that they will utilize the ASAM level of care model to complete assessments for clients.
- Applicant stated that client assessments will be completed at intake and will be utilized to determine level of care needs, treatment interventions, and length of treatment needed to optimize long-term recovery.
- Applicant described the ASAM's six dimensions, which will be utilized to direct client's treatment and level of care.
- Applicant stated that treatment regimens will be "whole person centered, client specific" and will include, but not be limited to psychoeducation, medication assisted treatment, co-occurring diagnosis treatment and counseling.

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<ul style="list-style-type: none">• Applicant stated that treatment plans and regimens would be monitored and adjusted monthly, with adjustments made more frequently, if indicated.
<ul style="list-style-type: none">• Applicant stated that they would utilize pharmacotherapy and psychotherapy at the facility and provided reference information to a strategy brief supporting the use of medication assisted treatment for opioid use disorder and a research article concerning the use of cognitive behavioral therapy for SUD.• Regarding pharmacotherapy, Applicant stated that this would involve the use of medication assisted treatment (MAT). Applicant described MAT and efficacy of such combined with counseling/therapy to optimize recovery.<ul style="list-style-type: none">○ Applicant stated that clients on MAT will be monitored throughout treatment by nursing/clinical staff for effectiveness; and clinical staff will follow best practices for administering and maintaining MAT to maximize treatment goals.• Regarding psychotherapy, Applicant stated that they “will include cognitive behavioral therapy (CBT), individual therapy, group therapy, art therapy, music therapy, family therapy and peer led group therapy”.• Applicant stated that their treatment team will implement “a variety of evidence-based treatments to meet the individual needs of [their] clients”; based on research indicating that unique treatment options tailored to unique needs are necessary for SUD treatment.• Applicant described efficacy of their listed treatment therapies.• Applicant state that their clinical treatment team will monitor effectiveness of treatment models at treatment plans, and/or more frequently if indicated; and treatment regimens will be adjusted to meet patients needs throughout their recovery.• Applicant stated that clients will be required and encouraged to be active in their recovery, including identification of treatment regimen efficacy for meeting their individual goals.
<ul style="list-style-type: none">• Applicant stated that they will adhere to policies allowing clients an active role in their treatment, goals and specific recovery needs.• Applicant stated that their policies and practices will evolve to meet clients’ recovery needs.• Applicant stated that they will coordinate with providers, hospitals and recovery communities throughout the State to recruit clients.• Applicant did not describe how they will ensure Consumer engagement and retainment in services; aside from broad statements concerning clients’ having an active role and policies and practices evolution, per clients’ recovery needs.

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- Applicant stated that it will be one of the policies of their facility to facilitate communication, services and coordination of care with outside providers that are, or will be, involved in the client's care and treatment.
 - Applicant stated that the clinical coordinator/designee will obtain releases of information for all external providers (e.g., primary care provider, community counselors and case managers).
 - Applicant stated that their clinical coordinator/designee will make the external provider aware of facility admission, will decide on frequency of communication and document in the client's treatment plan.
 - Applicant stated that treatment plan review will include external providers' input, based on need; and ongoing coordination and communication with the external provider will be documented during each treatment plan review. Potential methods for external providers' input were also included (e.g., in-person, phone, written note).
 - Applicant stated that during discharge, they will collaborate with the relevant outside agencies involved in the clients' care after discharge; and coordination will ensure location of services, treatment dates and include any other information crucial to clients' recovery.
 - Applicant stated that prior to discharge, all clients will receive information regarding location of outside resources, contact information and dates and times of service.
 - Applicant stated that they will assist clients with transportation needs, as needed. Frequency and duration of transportation assistance was not described.
 - Applicant did not address ensuring coordination includes continuum of care services after treatment, including but not limited to local recovery centers, hypodermic apparatus exchange programs and recovery residences.
-
- Applicant stated that they will be responsible to ensure that clients' ongoing recovery after discharge is within/covered clients' financial needs. Applicant stated that this includes them working with insurance providers, family members, local community resources and recovery coaches in order to develop discharge plans prior to discharge.
 - Aside from working with community entities, Applicant did not further detail how they would ensure clients' finances cover needed services post discharge.
 - Applicant stated that services provided at their facility will be billed to insurance, and they will work with MaineCare and commercial insurance providers for reimbursement.

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- Applicant did not describe plans for continuing to engage Consumers moving to the recovery community.
- Aside from stating reimbursement sources for services provided, Applicant did not include a prospective timeline indicating how revenue is expected to grow and displace awarded funds after the project period.

- Applicant stated that MAT will be offered on-site and off-site, according to client preference and state regulation.
- Applicant stated that individual treatment plans will reflect clients' specific goals and objectives related to medications prescribed in order to support maximum functioning and minimize symptoms.

E. Equity and Consumer Engagement

- Applicant provided a list of questions regarding what their review process would address, including a question on if actual services provided related directly to clients' goals and objectives.
- Applicant stated that their Clinical Supervisor or Nurse Manager will conduct a quarterly review process according to their described procedures outlined in respective policy.
- Applicant stated that outcomes from the quarterly review "will be used for tracking trends for training and development, improving quality services, ensuring satisfaction of person served, monitoring effectiveness of services and improving access to services.
- Applicant stated that if a staff member shows issues with record management, it will be appropriately documented and may be included in supervision.
- Applicant stated that they will outline specific timelines for record corrections.

- Applicant stated that they will provide opportunities for clients to participate in the facility's daily operational needs.
- Applicant stated that clients would be given responsibilities to manage their living environment, participate in cooking, and other daily instrumental activities of the facility, according to their treatment plan.
- Applicant stated that they "will also encourage and support peer-led group therapies".
- Applicant did not address their efforts to engage Consumers experiencing SUD in governance and direct service staffing.

PART IV – PROPOSED BUDGET

Physical Structure Project

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<ul style="list-style-type: none"> Applicant stated "None" and that their physical structure will not require any renovations. Instead, Applicant stated that the awarded funds would be utilized to purchase the property on 863 Maine Street, Springfield, ME. 	
<ul style="list-style-type: none"> Applicant stated "none"; however, Applicant will be providing a 10% match on the total amount of funds requested, per the amount of matching funds they are committing to the project versus total funding requested. 	
Staffing and Movable Property Project	
<ul style="list-style-type: none"> Applicant stated that the property will come fully furnished with "beds, kitchen and laundry appliances, facility safety equipment, common area furniture, and staff furniture." Applicant stated that awarded funds would be used on staffing salaries for their first 3 months to cover training, onboarding, reimbursement bonuses, CRMA training, bedroom linens for the 15 beds, bathroom towels and patient and staff computers. 	
<ul style="list-style-type: none"> Applicant stated that their 10% matching funds will be used on purchasing vehicles for transportation and a facility maintenance vehicle (e.g., for snow removal). 	
Budget Form	
Physical Structure Project	
1. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$1,225,000.00
<ul style="list-style-type: none"> Applicant detailed \$1,200,000 for property acquisition costs and \$25,000 in listed separate closing costs (e.g., Title Insurance and Title Search), with dates of completion noted as "TBD-dependent on funding". 	
2. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	\$
<ul style="list-style-type: none"> Applicant left this item blank in their application; however, Applicant will be providing a 10% match on the total amount of funds requested, per the amount of matching funds they are committing to the project versus total funding requested. 	
Physical Structure Project Budget Narrative/Justification	
<ul style="list-style-type: none"> Applicant stated that requested funding costs will be used to purchase the facility (listed at \$1,200,000), including closing costs (estimated at \$25,000). 	

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<ul style="list-style-type: none"> Applicant stated that the facility is fully furnished, including 15 beds, furniture and appliances; and has a fire suppression system, Sprinkler system, alarm system and generator. 	
Staffing and Movable Property Project	
3. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$349,156.00
<ul style="list-style-type: none"> Applicant requested 3 months' salary for 16 FT positions and 1 part time position in order "to allow for onboarding, licensing and time to complete provider agreements for reimbursement". Applicant's requested amount for sign-on/recruitment bonuses is within the maximum allowed 5% of the total requested budget. Staffing and Movable Property Project tab also includes funding request for CRMA certification training, 4 at \$500/each. For linens' purchase, Applicant indicates that this is due to the linens at the facility needing to be replaced. In the Applicant's Application narrative response, the Applicant stated that they will also be using staffing and movable property project funds to purchase bathroom towels, however, this is not indicated in the budget form nor mentioned in the budget narrative. Applicant also included purchase of 3 patient computers and 8 staff computers, allowing for client communication with family/friends and patient records 'and documentation for staff. Completion date cells are all indicated with "TBD". 	
4. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	\$160,000
<ul style="list-style-type: none"> This 10% match amount is indicative of a little over 10% of the full amount of funds being requested. Applicant indicated that their 10% matching funds "will be provided by facility assets and/or banking lending". Applicant indicated that the 10% matching funds would be used for facility operational costs, telehealth/EHR costs, costs for insurance, and on company vehicles for transportation. 	
Staffing and Movable Property Project Budget Narrative/Justification	

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- Applicant stated that the facility's location makes it difficult to appropriately hire and compensate nurses and staff; prior facility-hired staff are mentioned as "looking forward to returning to the facility", with their biggest concern being wages. As such, Applicant stated that their goal and plan is to increase wages.
- Applicant stated that they will use awarded funds for recruitment bonuses and to provide 3 months of salary for onboarding and training, and to allow for the facility to establish provider agreements with insurance providers.
- Applicant stated that their estimates for salaries were based on lowest pay amount and the total requested amount for 3 months of employee salaries is \$272,374.
- Applicant provided their intended staffing plan, including hourly cost/cost ranges for indicated needed staff.
 - For the medical provider position, Applicant indicated that this position's salary is "TBD at this time" and that their "max requested for salary is \$18,000 per month". Compared to the requested salary amounts for all other staff, the Medical Provider salary is the highest.
- Applicant indicated the costs for 4 CRMA trainings is \$500/staff, including materials, at a total cost of \$2,000.
- Applicant indicated intended distribution for their staff recruitment/one-time bonus, and the total amount (\$62,500) is within the RFA's 5% maximum for sign-on/recruitment bonus funding requests.
- Applicant stated that Movable property costs would cover linens, sheets, pillowcases and comforter for 15 beds (\$179/bed); 3 computers for patient use (\$399/each); and 8 computers for employee/facility use (\$1049,99/each).

Notes from Request for Clarification on 8/29/2024

Clarification on any additional experience with direct SUD treatment provision?

- Applicant: Aside from co-occurring SUD treatment provided via nursing, no other specific direct SUD treatment experience; although have assisted with MAT.

Can you clarify ASAM level of care/treatment intending to provide or what the structure of the treatment program would look like?

- Applicant: Seeking to provide medically assisted treatment, residential 1, residential 2 and longer-term services (180 days).

Can you clarify what you mean by offering walk-in services during normal and after hours?

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- Applicant: Will be ensuring withdrawal management level of care has 24/hr admission.

Can you provide a little more information regarding the team that will run the facility, specifically if there are people in mind for the executive director position and finance team? If you have people in mind currently, please include any relevant experience these individuals may have.

- Applicant: We have a lot of potentials, and have been approached by staff who previously provided services in the facility. One of these is a psychiatric nurse practitioner that has also worked jail systems and others for a number of years. The intended executive director is currently in school for clinical social work, an individual in Recovery.
- For finance – there is a prior employee of the facility who used to do accounting and payroll who has expressed interest in returning to the facility.

As it has been some time since initial Application submission, have there been more granular details worked through since then, including an understanding of fiscal viability based on number of clients to be served, stratified by health insurer payor type?

- Applicant: Honestly, yes. We garnered previous approval from the bank for PNMI creation/development purposes and community stakeholders have advised that SUD treatment may be a greater need. Lending approval for SUD treatment purposes is a little more difficult due to additional requirements and needs tied to SUD treatment. The prior PNMI business model and finances were worked on for a year and were zeroed in to the dollar amount from that.

Can you confirm that you will be able to submit a final workplan to the Department within 10 business days from contract start date?

- Applicant: Yes, I can confirm that.

Can you clarify your desired staffing model, the Application includes one part time LADC, one clinical social worker and a clinical supervisor.

- Applicant: That is correct.

For the four ASAM SUD programs you would like to provide, do you know roughly how many individuals you would expect in each of the various programs for any given time? Programmatically, ASAM requires a higher level/amount of staffing to meet programmatic requirements.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/25/24 and 8/29/24

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

- Applicant: Have yet to figure out how many beds we would want active for the specific programs. Thinking maybe 10 for those coming in for withdrawal management, maybe 2 for Res 1 and 2 for Res 2.
- Mentioned history and contact with SUD and recovery.
- Mentioned finding 2-3 licensed social workers willing to work with a company not yet started is difficult.
- Mentioned she has been working with and receiving advice from an individual who ran a similar program to design and start this one up, this individual also has close friend/familial experience with SUD and recovery.
- A lot of the nurses that Applicant has reached out to have a psychiatric certification in their background or will be certified in other treatments as well, so service provision will not just be from a clinical social worker standpoint.

Can you describe the specific SUD-related training you intend for your staff to complete?

- Applicant: A lot of clinical social workers coming in will have that experience from their credential and schooling.
- Have looked into a number of different available SUD trainings; described a specific school in Maryland that provides certification to RNs for SUD, specifically. Currently looking at many options. Applicant demonstrated that they have been engaging in research regarding appropriate SUD-related training to provide at their facility.
- Noted that for CMRAs, apart from MH training, there doesn't seem to be much available.

Clarifying staffing wages, it was noted in the Application that there were concerns about wages being low, was this accounted for in the cost proposal submission?

- Applicant: Yes, the cost proposal includes the proposed higher wages we would like to provide our staff.
- Applicant mentioned some methods they are looking into, also, in order to ensure they will be able to provide higher wages for staff for staff retention and recruitment.

In the Application it was noted that MAT would be offered on-site and off-site, can you clarify your intent a little more?

- Applicant: We are considering provision of suboxone on-site, unsure yet if we would also be able to offer methadone. For MAT not available on-site, we

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/25/24 and 8/29/24

EVALUATOR NAME: Anna Ko

EVALUATOR DEPARTMENT: Office of Behavioral Health

would offer to maybe provide transportation to the appropriate location for services and connect individuals with MAT off-site.

Clarification on staff recruitment/retention bonuses plan?

- Applicant: Currently thinking maybe 6 months, I believe we are currently considering 180 days, although nothing specific at the moment. Work force is lacking currently and do want to ensure recruitment and retention through bonuses' assistance.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 8/1/2024 and 8/29/2024

EVALUATOR NAME: Adrienne Leahey

EVALUATOR DEPARTMENT: OBH / DHHS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Applications (RFA) process. It is **required** that each individual evaluator make notes for each application that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFA Coordinator or Facilitator for this RFA.*

Individual Evaluator Comments:

PART I- ELIGIBILITY REQUIREMENTS

In order to be eligible for grant funding under this RFA, Applicants must:

1. Have a current or forthcoming MaineCare Provider Agreement; and
2. Be licensed or have the ability to obtain licensure through the Department's Division of Licensing and Certification for Behavioral Health Services to provide Residential SUD Treatment.

1. Does the Applicant have a current or forthcoming MaineCare Provider Agreement?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Provide a copy of their MaineCare Provider Agreement or describe the Applicant's plan for attaining a MaineCare Provider Agreement, including anticipated timelines, as applicable.
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- Forthcoming within 60 days of closing on the building

2. Is the Applicant licensed or have the ability to obtain licensure through the Department's Division of Licensing and Certification for Behavioral Health Services to provide Residential SUD Treatment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Provide a copy of their current licensure for Behavioral Health Services to provide ACT, or describe the Applicant's plan for attaining the license, including anticipated timelines, as applicable.
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- Forthcoming within 60 days of closing on the building

PART II- PRIORITY SERVICES

The Department intends to apply priority scoring to applications designed to provide Medically Supervised Withdrawal Management beds to Adults in the Washington County Area.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 8/1/2024 and 8/29/2024

EVALUATOR NAME: Adrienne Leahey

EVALUATOR DEPARTMENT: OBH / DHHS

Will Medically Supervised Withdrawal Management beds be provided to adults under the expansion of Residential SUD Treatment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none">• 24- hour structured care with a registered nurse on-site at all times, as well as 24- hour access to a medical provider• Nurses will manage and monitor patients in withdrawal	

PART III – EXPERIENCE AND CAPACITY

<ul style="list-style-type: none">• Applicant works as a nurse at Dorothea Dix Psychiatric Center• Worked as a nurse for 14 years• Does not mention any experience supervising staff or managing a business
<ul style="list-style-type: none">• Business plan for co-occurring disorders. How different is this from adult residential SUD treatment?• Policy and procedures manual from previous owner• Support from family and friends• Initial canvassing for staff• Financing from a bank• Working with DLC
<ul style="list-style-type: none">• Applicant is an Affected Other• Applicant has nursed those with Lived Experience
<ul style="list-style-type: none">• None
LITIGATION
<ul style="list-style-type: none">• None

PART IV – PROPOSED ADULT RESIDENTIAL SUD TREATMENT SERVICES

A. Adult Residential SUD Treatment Expansion

<ul style="list-style-type: none">• 863 Main Road Springfield, Maine in Penobscot County• It is located off the main road that runs from Lincoln to Springfield.• Does this fall within RFA definition of “Washington County Area”?• Building was previous licensed as an SUD facility
<ul style="list-style-type: none">• meeting with community members, community providers, recovery centers and personnel from the state• no medically supervised detox beds/residential inpatient treatment centers within 50 miles of our current area

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 8/1/2024 and 8/29/2024

EVALUATOR NAME: Adrienne Leahey

EVALUATOR DEPARTMENT: OBH / DHHS

<ul style="list-style-type: none"> original plans for this facility did not primarily focus on SUD treatment, community changed their minds
B. Project Workplan
<ul style="list-style-type: none">
C. Operational Requirements
<ul style="list-style-type: none"> Responses are good, if generic
<ul style="list-style-type: none"> 24-hour facility with a nurse on-site at all times as well as a medical provider 100 patients Walk-in services MaineCare and private pay
<ul style="list-style-type: none"> Applicant did not confirm
D. Programmatic Requirements
<ul style="list-style-type: none"> Applicant may have copied and pasted criteria from ASAM?
<ul style="list-style-type: none"> Medication assisted treatment Evidence based psychotherapies, CBT
<ul style="list-style-type: none"> Services will meet individual needs of clients Recruitment will come through relationships in the system of care (hospitals, providers, recovery community)
<ul style="list-style-type: none"> External provider input "based on need" "will collaborate with outside agencies who will be involved in the clients care after discharge"
<ul style="list-style-type: none"> Will make sure clients can afford post-discharge options Will develop discharge plans with insurance, community, families, and recovery coaches, prior to clients discharging
<ul style="list-style-type: none"> MAT to be provided on-site and off-site
E. Equity and Consumer Engagement
<ul style="list-style-type: none"> quarterly review process by either the Clinical Supervisor or Nurse Manager
<ul style="list-style-type: none"> Clients will participate in daily operational needs of the facility Encourage and support peer-led group therapies

PART IV – PROPOSED BUDGET
Physical Structure Project
<ul style="list-style-type: none"> No renovations Funds will be used to purchase the existing facility
<ul style="list-style-type: none"> "None"
Staffing and Movable Property Project

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 8/1/2024 and 8/29/2024

EVALUATOR NAME: Adrienne Leahey

EVALUATOR DEPARTMENT: OBH / DHHS

<ul style="list-style-type: none">• staffing salaries for the first 3 months for training, and onboarding, reimbursement bonuses (?), CRMA training• purchase bedroom linens for 15 beds, bathroom towels,• patient and staff computers.	
<ul style="list-style-type: none">• vehicles for transportation, and a vehicle for facility maintenance such as snow removal.• Operational expenses and insurance costs.	
Budget Form	
Physical Structure Project	
1. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$ 1,225,000.00
<ul style="list-style-type: none">• Applicant did not provide source of project estimate	
2. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	\$
<ul style="list-style-type: none">• Applicant did not provide match amount or source	
Physical Structure Project Budget Narrative/Justification	
<ul style="list-style-type: none">• facility is listed for sale at \$1,200,000.00,• closing costs are estimated at \$25,000.	
Staffing and Movable Property Project	
3. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$349,156.00
<ul style="list-style-type: none">• Applicant did not provide source of project estimate	
4. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	\$160,000
<ul style="list-style-type: none">• Source: facility assets and/or banking lending.• To be used for transportation vehicle, insurance, EHR / telehealth costs	
Staffing and Movable Property Project Budget Narrative/Justification	
<ul style="list-style-type: none">• Salaries:<ul style="list-style-type: none">○ Plan is to raise salaries; total salary costs for 3 months seems low. How were hourly rates established? Do they include benefits?• Bonuses: one-time recruitment bonuses of \$5000. No retention bonuses.	

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

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EVALUATOR NAME: Adrienne Leahey

EVALUATOR DEPARTMENT: OBH / DHHS

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| <ul style="list-style-type: none">• Linens and computers for patients and staff |
|-----------------------------------------------------------------------------------------------|

Notes from Request for Clarification on 8/29/2024
<ul style="list-style-type: none">• No experience in nursing background for SUD interventions; has dispensed MAT and done some care planning• In conjunction with clinical social worker and one of the NP who wants to be involved – wants to offer 4 different levels. Basic care model.• Walk-in: wants to work with individuals and ER to accept people who are actively detoxing. Withdrawal management would be 24 hour admission.• Lots of potentials for Executive Director – in her 20s, in school, in recovery. One of the women Irene who did payroll wants to come back.• Business model was PNMI. Harder to get the banks to lend with SUD, need more treatment teams. Hasn't done a deeper dive of the SUD financials.• Can provide a workplan• Will provide services for three years• Hasn't figured out how many beds for which level of ASAM. Wants to be flexible to meet the needs of the community. Hard to find LCSW willing to work for a company that hasn't started yet. Understands that staffing pattern not sufficient to meet ASAM levels.• Accounted for higher wages when they submitted their cost proposal.• If folks need transportation to their OTP; e.g. for folks who started MAT in jails and need support. Methadone harder to prescribe; suboxone.• Bonuses: 3 months, 6 months, 180 days. No specific rollout plan at the moment.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/24/24 and August 29, 2024

EVALUATOR NAME: Corinna OLeary

EVALUATOR DEPARTMENT: DHHS - OBH

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Applications (RFA) process. It is **required** that each individual evaluator make notes for each application that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFA Coordinator or Facilitator for this RFA.*

Individual Evaluator Comments:

PART I- ELIGIBILITY REQUIREMENTS	
In order to be eligible for grant funding under this RFA, Applicants must:	
<ol style="list-style-type: none">1. Have a current or forthcoming MaineCare Provider Agreement; and2. Be licensed or have the ability to obtain licensure through the Department's Division of Licensing and Certification for Behavioral Health Services to provide Residential SUD Treatment.	
1. Does the Applicant have a current or forthcoming MaineCare Provider Agreement?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Provide a copy of their MaineCare Provider Agreement or describe the Applicant's plan for attaining a MaineCare Provider Agreement, included anticipated timelines, as applicable.
<ul style="list-style-type: none">• The provider has a forthcoming MaineCare Provider Agreement and license.	
2. Is the Applicant licensed or have the ability to obtain licensure through the Department's Division of Licensing and Certification for Behavioral Health Services to provide Residential SUD Treatment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Provide a copy of their current licensure for Behavioral Health Services to provide ACT, or describe the Applicant's plan for attaining the license, including anticipated timelines, as applicable.
<ul style="list-style-type: none">• The provider is working on licensure. The property has been licensed previously and prior owner has kept up on fire inspection and fire marshal approvals. They anticipate a license within 60 days or less.	

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/24/24 and August 29, 2024

EVALUATOR NAME: Corinna OLeary

EVALUATOR DEPARTMENT: DHHS - OBH

PART II- PRIORITY SERVICES

The Department intends to apply priority scoring to applications designed to provide Medically Supervised Withdrawal Management beds to Adults in the Washington County Area.

Will Medically Supervised Withdrawal Management beds be provided to adults under the expansion of Residential SUD Treatment?

☒ YES ☐ NO

- The provider intends on providing Withdrawal Management with 24 hour nursing and 24 hour access to a medical provider. They will monitor and deliver treatments and/or medications to manage each client's physical and emotional symptoms.

PART III – EXPERIENCE AND CAPACITY

- Applicant has 14 years of nursing experience, a bachelor's in nursing, an associates in business, and is working on psychiatric nursing. Applicant has worked with patients with SUD, psychiatric illness, and trauma history and currently works for Dorothea Dix. Experience with co-occurring disorder. Started a local chapter of Young Adults in Recovery in Colorado.
- Applicant has been working on a business plan for over a year to start and facility for co-occurring disorders. Applicant has worked with a bank and has met with potential staff, LADC, LCSW, RN, CRMA, dietary staff and a medical provider. They have participated in a new provider meeting and have significant support from family and local community members. The current owner has shared policy and procedures and is willing to help applicant navigate a reopening.
- Applicant is a nurse and has personal and professional experience regarding SUD impact to a person's life and love ones (father, sister, loss of a brother).
- None

LITIGATION

-

PART IV – PROPOSED ADULT RESIDENTIAL SUD TREATMENT SERVICES

A. Adult Residential SUD Treatment Expansion

- 863 Main Rd, Springfield, ME – Previously Bella's House. Anticipate a 15 bed facility.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/24/24 and August 29, 2024

EVALUATOR NAME: Corinna OLeary

EVALUATOR DEPARTMENT: DHHS - OBH

- Applicant has met with community members, recover center, community providers, and state personnel to gather data to support a

B. Project Workplan

- Project design not completed, but information answered in a separate section of application
- Site control not completed, but information answered in a separate section of application.
- Permits and approvals not completed.
- Not completed, but answered in a separate section of application
- ASAM – 3.7, 3.5, 3.1
- Anticipated delivery date dependent on closing date for purchase of property. Applicant has a purchase and sales agreement
- 15 beds
- Plan to work with hospitals, providers, and recovery centers throughout the state. Has met with recovery centers.
- Plan to sustain through billing to MaineCare and private insurance.
- Only one part time LADC

C. Operational Requirements

- Meets
 - Will be an equal opportunity employer and check background and will begin hiring after conditional award and will ensure licenses are in good standing.
 - Monthly staff meeting and valuing staff insight. Flexible work schedules, paid time off, fair living wages, monthly stipend for healthcare, performance evaluations and professional development.
 - Clinical supervision to enhance skills and ensure quality of services. Clinical supervision to include direct observation, individual/group supervision, treatment team meetings, quality record reviews, performance evals, continuing education.
 - Orientation and 20 hours annually of ongoing training and education for clinical staff. 4 hours minimum of co-occurring disorder training. Opportunities for non-clinical staff. Ongoing review of company policy including HIPPA, confidentiality training, workplace safety, infection control, and workplace violence.
- Meets
 - 24-hour facility with a nurse on-site at all times and a medical provider. Walk-in services during normal business hours and after hours. 15 beds with the potential to service over 100 clients in a year. All insurance will be accepted including MaineCare and private pay.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/24/24 and August 29, 2024

EVALUATOR NAME: Corinna OLeary

EVALUATOR DEPARTMENT: DHHS - OBH

- Provide will provide treatment and services to adults with MaineCare who meet level of care. Did not specifically address agreeing to providing services to MaineCare for at least 3 years.

D. Programmatic Requirements

- Does not specifically identify which level of care will be offered, but does indicate a general knowledge of ASAM and identifies services that will be provided. (The workplan indicates 3.7, 3.5, and 3.1.
- Pharmacotherapy – MAT, Psychotherapy – CBT, individual and group, art, music, family, and peer led group therapies.
- Will coordinate with providers, hospitals, and recovery communities for recruitment. Will work with individuals to have an active role in recovery, treatment and goals specific to their recovery.
- Policies to include communication and services to work on coordination of care and treatment to include after care at discharge.
- Meets for collaboration with stakeholders and agencies for discharge. Does not describe sustainability specifically, but does state that they will bill insurances for reimbursement.
- MAT will be offered on and off site.

E. Equity and Consumer Engagement

- Meets - Describes how applicant will monitor quality and utilization.
- Clients will participate in daily operational needs of facility. Peer led group therapies.

PART IV – PROPOSED BUDGET

Physical Structure Project

- Physical structure requires no renovation. Grant award will be used to purchase the property.
- Applicant said none.

Staffing and Movable Property Project

- Property is fully furnished with beds, kitchen and laundry appliances, facility safety equipment, common area, and staff furniture. Awarded funds will be used for staffing salaries, for first 3 months, training, onboarding, and recruitment bonuses, towels, patient and staff computers and bed linens
- Matching funds will purchase a vehicle for transportation, a vehicle for facility maintenance, and operational expenses and insurance costs.

Budget Form

Physical Structure Project

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/24/24 and August 29, 2024

EVALUATOR NAME: Corinna OLeary

EVALUATOR DEPARTMENT: DHHS - OBH

1. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$ 1,225,000
<ul style="list-style-type: none">Total of purchase of property and closing costs.	
2. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	\$ 0
<ul style="list-style-type: none">	
Physical Structure Project Budget Narrative/Justification	
<ul style="list-style-type: none">Met	
Staffing and Movable Property Project	
3. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$ 349,156
<ul style="list-style-type: none">	
4. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	\$ 160,000
<ul style="list-style-type: none">Match amount from facility assets, banking or lending, used for operational costs, telehealth/EHR, insurance, company vehicles.	
Staffing and Movable Property Project Budget Narrative/Justification	
<ul style="list-style-type: none">Meets – \$1,574,156 for purchasing of facility, staffing for 3 months, recruitment and retention bonuses, training, linens and computers.	
Notes from Request for Clarification on 8/29/2024	
<ul style="list-style-type: none">	

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/24/24 and 8/29/24

EVALUATOR NAME: Allison Weeks

EVALUATOR DEPARTMENT: DHHS/OMS

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Individual Evaluator Comments:

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<ol style="list-style-type: none">1. Have a current or forthcoming MaineCare Provider Agreement; and2. Be licensed or have the ability to obtain licensure through the Department's Division of Licensing and Certification for Behavioral Health Services to provide Residential SUD Treatment.	
1. Does the Applicant have a current or forthcoming MaineCare Provider Agreement?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Provide a copy of their MaineCare Provider Agreement or describe the Applicant's plan for attaining a MaineCare Provider Agreement, included anticipated timelines, as applicable.
<ul style="list-style-type: none">• Agency unable to apply for MaineCare enrollment until after they are licensed. They acknowledged requirement to complete and submit all the necessary documentation required to obtain a MaineCare provider agreement after licensure.	
2. Is the Applicant licensed or have the ability to obtain licensure through the Department's Division of Licensing and Certification for Behavioral Health Services to provide Residential SUD Treatment?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Provide a copy of their current licensure for Behavioral Health Services to provide ACT, or describe the Applicant's plan for attaining the license, including anticipated timelines, as applicable.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/24/24 and 8/29/24

EVALUATOR NAME: Allison Weeks

EVALUATOR DEPARTMENT: DHHS/OMS

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| <ul style="list-style-type: none">Acknowledged the need to apply for all proper licensure required by the state of Maine after closing. The current building has been licensed before, with maintained ongoing fire inspection and fire marshal approval. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PART II- PRIORITY SERVICES

The Department intends to apply priority scoring to applications designed to provide Medically Supervised Withdrawal Management beds to Adults in the Washington County Area.

Will Medically Supervised Withdrawal Management beds be provided to adults under the expansion of Residential SUD Treatment?

☒ YES ☐ NO

- | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">Facility will offer 24- hour structured care with a registered nurse on-site at all times, as well as 24- hour access to a medical provider. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PART III – EXPERIENCE AND CAPACITY

- | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">Individual proposing the program has some experience with co-occurring programs, but no direct SUD experience. |
| <ul style="list-style-type: none">Has policies and programming from the former program at the site and states many of the staff with return with reopening. |
| <ul style="list-style-type: none">Nursing background with lived experience as impacted family member. |
| <ul style="list-style-type: none">Denies |

LITIGATION

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|--------------------------------------------------------|
| <ul style="list-style-type: none">Denies |
|--------------------------------------------------------|

PART IV – PROPOSED ADULT RESIDENTIAL SUD TREATMENT SERVICES

A. Adult Residential SUD Treatment Expansion

- | |
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| <ul style="list-style-type: none">The facility is located at 863 Main Road Springfield, Maine in Penobscot County. The building was previously licensed as an inpatient substance abuse facilityThere are 10 bedrooms all with private bathrooms with large walk-in showers, 5 rooms are single rooms, and 5 rooms are double rooms. There are 2 large living common areas, 5 offices, a large group/treatment room, a medication room, a large commercial kitchen, a gymnasium with full basketball court inside and small court outside, and a laundry room. It is equipped with a water-based fire protection system and a fire alarm system. |
| <ul style="list-style-type: none">Needs assessment through stakeholder engagement. No residential facilities within 50 miles of area once the previous agency closed. |

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFA #: 202404083

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APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/24/24 and 8/29/24

EVALUATOR NAME: Allison Weeks

EVALUATOR DEPARTMENT: DHHS/OMS

B. Project Workplan
<ul style="list-style-type: none"> Partially completed
C. Operational Requirements
<ul style="list-style-type: none"> Addressed, but no specific mention of trainings related to SUD. 24 hr facility with walk-in services during normal business hours and after hours? Acknowledged
D. Programmatic Requirements
<ul style="list-style-type: none"> Annotated that ASAM assessment would be used for LOC, but did not explain how program/policies would align with each LOC they are offering. MAT Psychotherapy, CBT Vague description of EBP and no mention of fidelity. policies that allow clients to play an active role in their treatment, their goals and their specific needs for their recovery will work with providers/hospitals, recovery communities to recruit clients States it will be a policy of New Beginning Care Home to facilitate communication, services and coordination of care with outside providers that are or will be involved in the client's care and treatment. Unsure how revenue will grow other than stating they will bill insurance, Medication assisted treatment will be offered on-site as well as off-site according to the client's preference and state regulation.
E. Equity and Consumer Engagement
<ul style="list-style-type: none"> Explained review process for client care and documentation, will use results to refine services and develop corrective action plans as needed. Clients will manage their living environment, participate in cooking, and other daily instrumental activities of the facility. No mention of direct service staffing.

PART IV – PROPOSED BUDGET
Physical Structure Project
<ul style="list-style-type: none"> No renovation or construction required, funds granted will be used to purchase the property at 863 Main Street, Springfield, ME States none
Staffing and Movable Property Project
<ul style="list-style-type: none"> staffing salaries for the first 3 months for training/ onboarding reimbursement bonuses (did they limit to 5% total budget and list staff?) CRMA training

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFA #: 202404083

RFA TITLE: Washington County Area Residential Substance Use Disorder Treatment Program

APPLICANT NAME: New Beginning Care Home, LLC/Bella's House

DATE: 7/24/24 and 8/29/24

EVALUATOR NAME: Allison Weeks

EVALUATOR DEPARTMENT: DHHS/OMS

<ul style="list-style-type: none"> • bedroom linens for 15 beds, bathroom towels 	
IT equipment allowable expense?	
<ul style="list-style-type: none"> • 10% matching funds will be used to purchase vehicles for transportation, and a vehicle for facility maintenance such as snow removal. Matching funds will also be used towards operational expenses and insurance costs. 	
Budget Form	
Physical Structure Project	
1. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$1,225,000.00
<ul style="list-style-type: none"> • ~105K/bed 	
2. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	None listed
<ul style="list-style-type: none"> • Not met, does not annotate and matching funds for this 	
Physical Structure Project Budget Narrative/Justification	
<ul style="list-style-type: none"> • Building cost- \$1,200,000.00 • Closing cost- \$25,000.00 	
Staffing and Movable Property Project	
3. Total Amount of Funding being Requested: <i>Provide the Source of Project Cost Estimate</i>	\$349,156.00
<ul style="list-style-type: none"> • 	
4. Total Matching Funds Committed to the Proposed Project (minimum of 10% project cost): <i>Provide the Source(s) and types of Local Matching Funds Proposed</i>	\$160,000
<ul style="list-style-type: none"> • 10% funds will be provided by facility assets and/or banking lending. 10% matching funds will be used for facility operational costs, telehealth/EHR costs, insurance costs, and company vehicles for transportation. 	
Staffing and Movable Property Project Budget Narrative/Justification	
<ul style="list-style-type: none"> • 3 months employee salaries=\$272,374 • staffing/training=\$2,000.00 • recruitment bonuses= \$62,500.00 • movable property=\$12,282.00 (\$9, 596.92 for computers) 	

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EVALUATOR DEPARTMENT: DHHS/OMS

Notes from Request for Clarification on 8/29/2024
<ul style="list-style-type: none">• Executive Director in school for MSW currently; Finance lead is returning employee from previous program.• Project lacks clinical framework for ASAM adherence, limited understanding of MAT intervention options.• Proposed staffing levels are inadequate for the clinical programs proposed.



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

**Janet T. Mills
Governor**

**Jeanne M. Lambrew, Ph.D.
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202404083**

RFA TITLE: Washington County Area Substance Use Disorder Treatment Program

I, Martha Kluzak accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFA.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFA nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

I agree to hold confidential all information related to the contents of Requests for Applications presented during the review process until such time as the Department formally releases the award decision notices for public distribution.

DocuSigned by:

Martha Kluzak

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Signature

Jul-23-2024

Date



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

**Janet T. Mills
Governor**

**Jeanne M. Lambrew, Ph.D.
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202404083**

RFA TITLE: Washington County Area Substance Use Disorder Treatment Program


I, Anna Ko accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFA.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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DocuSigned by:

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Signature

Jul-23-2024
Date



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

**Janet T. Mills
Governor**

**Jeanne M. Lambrew, Ph.D.
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202404083**

RFA TITLE: Washington County Area Substance Use Disorder Treatment Program

I, Adrienne Leahey accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFA.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFA nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

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DocuSigned by:

Adrienne Leahey

EPD48D286DE041B...

Signature

Jul-23-2024

Date



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

**Janet T. Mills
Governor**

**Jeanne M. Lambrew, Ph.D.
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202404083**

RFA TITLE: Washington County Area Substance Use Disorder Treatment Program

I, Corinna O'Leary accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFA.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFA nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

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DocuSigned by:

Corinna O'Leary

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Signature

Jul-23-2024

Date



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

**Janet T. Mills
Governor**

**Jeanne M. Lambrew, Ph.D.
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFA #: 202404083**

RFA TITLE: Washington County Area Substance Use Disorder Treatment Program

I, Allison Weeks accept the offer to become a member of the Request for Applications (RFA) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFA.

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DocuSigned by:

Allison Weeks

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Signature

Jul-23-2024

Date