**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Behavioral Health*



**RFP# 202312238**

**Kennebec County**

**Substance Use Disorder (SUD) Treatment Center**

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| --- | --- |
| **RFP Coordinator** | *All communication regarding the RFP must be made through the RFP Coordinator identified below*.  **Name:** Brittany Hall **Title:** Procurement Administrator  **Contact Information:** [Brittany.hall@maine.gov](mailto:Brittany.hall@maine.gov) |
| **Informational Meeting** | **Date:** December 20, 2023 **Time:** 1:00 p.m., local time  **Location:** ZOOM Meeting Link: [Web Link for RFP 202312238](https://mainestate.zoom.us/j/83144102664?pwd=RHArbDVNcnBBMSthYmRITGlwWkVsZz09) Meeting ID: 831 4410 2664, or by phone at 1-646-876-9923 using the Meeting ID provided. |
| **Submitted Questions Due** | *All questions must be received by the RFP Coordinator identified above by:*  **Date:** December 21, 2023, no later than 11:59 p.m., local time |
| **Notice of Intent to Bid** | *All notice of intents must be received by the RFP Coordinator identified above by:*  **Date:** January 5, 2024, no later than 11:59 p.m., local time |
| **Proposal Submission**  **Deadline** | *Proposals must be received by the Division of Procurement Services by:*  **Submission Deadline:** January 12, 2024, no later than 11:59 p.m., local time.  *Proposals must be submitted electronically to*:[Proposals@maine.gov](mailto:Proposals@maine.gov) |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

The State of Maine is seeking proposals for the establishment of a Substance Use Disorder (SUD) Treatment Center in Kennebec County.

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

An Information Meeting will be held on December 20, 2023 at 1:00 p.m., local time at the following location: <https://mainestate.zoom.us/j/83144102664?pwd=RHArbDVNcnBBMSthYmRITGlwWkVsZz09> using Meeting ID: 831 4410 2664, or by phone at 1-646-876-9923 using the Meeting ID provided.

Proposals must be submitted to the State of Maine Division of Procurement Services, via e-mail, at: [Proposals@maine.gov](mailto:Proposals@maine.gov). Proposal submissions must be received no later than 11:59 p.m., local time, on January 12, 2024. Proposals will be opened the following business day. Proposals not submitted to the Division of Procurement Services’ aforementioned e-mail address by the aforementioned deadline will not be considered for contract award.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

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

| **Term/Acronym** | **Definition** |
| --- | --- |
| **Bridge Services** | Connecting Clients to ongoing care services, including but not limited to Medication for Opioid Use Disorder (MOUD), Opioid Health Home Services, harm reduction, Syringe Service Programs (SSPs), homeless shelters, peer supports, medication management, mental health services, Substance Use Disorder (SUD) treatment services, crisis services, Recovery support services, and medical services, as appropriate. Bridge Services shall include facilitating and confirming the Client’s first and second visits. |
| [**Certified Opioid Treatment Program (OTP)**](https://www.samhsa.gov/medications-substance-use-disorders/become-accredited-opioid-treatment-program) | A treatment program, sometimes referred to as a “methadone clinic” or “narcotic treatment program”, certified by the [Substance Abuse and Mental Health Services Administration (SAMHSA)](https://www.samhsa.gov/about-us) in conformance with [42 Code of Federal Regulations (CFR), Part 8,](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8?toc=1) to provide supervised assessment and Medication Assisted Treatment (MAT) of patients with opioid use disorder. Only federally Certified and accredited OTPs may prescribe and/or dispense methadone for the treatment of opioid use disorder. |
| **Client** | Individual receiving SUD services, aged eighteen (18) years of age and older. |
| **Co-occurring Capable** | An organization that is structured to welcome, identify, engage, and serve individuals with co-occurring substance use and mental health disorders and to incorporate attention to these issues into an individual’s services. |
| **Critical Incidents** | As defined in [14-118 C.M.R. Ch. 5 Section 1 (1.19](https://www1.maine.gov/sos/cec/rules/14/118/118c005.doc)). |
| **Department** | Department of Health and Human Services |
| **Department’s Designated System** | Currently, [KEPRO Atrezzo®](https://me.kepro.com/), a system that collects admission, program enrollment, units, waitlist, and discharge data on Clients in substance use treatment. |
| **FDA** | [Federal Food and Drug Administration](https://www.fda.gov/about-fda) |
| **HIPAA** | [Health Insurance Portability and Accountability Act of 1966](https://www.hhs.gov/hipaa/index.html) |
| **Individual Service Plan (ISP) or Individual Treatment Plan (ITP)** | A person-centered plan of service and/or treatment based on an individual assessment of an individual’s need for treatment or rehabilitation services, created in collaboration with the Client. |
| **Maine Naloxone Distribution Initiative (MNDI)** | Provides State-purchased naloxone to community organizations, clinical sites, and end-users throughout Maine to distribute free of charge. The intent of the MNDI is to ensure an adequate supply of easily accessible naloxone. |
| **MaineCare** | Maine’s Medicaid program |
| **MAT Prescriber** | A licensed health care professional with authority to prescribe MAT. |
| **Medication Assisted Treatment (MAT)** | The use of medications, in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of Substance Use Disorders (SUD). This includes all FDA-approved medications to treat substance use, including, but not limited to, nicotine and alcohol. |
| **Medication for Opioid Use Disorder (MOUD)** | An evidence-based approach that uses FDA approved medication to treat opioid use disorder, a problematic pattern of opioid use leading to clinically significant impairment or distress. |
| **Outpatient Care** | Provides assessment and counseling services in a nonresidential setting to Clients and affected others. Refer to the [American Society of Addiction Medicine (ASAM)](https://www.asam.org/), [Level of Care Criteria](https://www.asam.org/asam-criteria/about-the-asam-criteria), [Level 1](https://americanaddictioncenters.org/rehab-guide/asam-criteria-levels-of-care). |
| **Overdose Education and Naloxone Distribution** | A Statewide initiative to provide overdose response and naloxone administration education to individuals who use drugs, affected others, community members, good Samaritans, etc. |
| **Patient Navigator** | As defined in [10-144 C.M.R. Chapter 101 Ch. II Section 93.02-1(E)(5).](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s093.docx) |
| **Recovery** | A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. |
| [**Recovery Coach**](https://peerrecoverycoachme.org/) | Typically, a non-clinical peer support specialist or “peer mentor” operating within a community organization (e.g., a Recovery Community Center) or a clinical organization (e.g., treatment program or hospital) and can therefore be a paid or volunteer position. Recovery Coaches are most often in Recovery themselves and therefore offer the lived experience of active addiction and successful Recovery. Recovery Coaches focus on helping individuals to set and achieve goals important to Recovery, but do not offer primary treatment for addiction, do not diagnose, and generally, are not associated with any specific method or pathway to Recovery, supporting instead an array of Recovery pathways. Recovery Coaches must be certified and follow all [Maine Recovery Coach Certification Board](https://peerrecoverycoachme.org/) requirements, including registration and certification. |
| **Residential SUD Treatment** | Treatment provided in a residential setting for individuals with an SUD. Residential SUD Treatment does not include services provided in conditions of involuntary confinement. |
| **RFP** | Request for Proposal |
| **State** | State of Maine |
| **Substance Use Disorder (SUD)** | Occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home. |
| **SUD Receiving Center** | A licensed outpatient clinic providing an array of Bridge Services, including but not limited to: triage, screening and assessment, care coordination, individual and group therapeutic interventions, and peer support. |
| **SUD Treatment Center** | Established in Kennebec County, offers outpatient clinical treatment as an SUD Receiving Center and Residential SUD Treatment to individuals with a SUD. |
| [**Syringe Service Program (SSP)**](https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/services/syringe-service-programs.shtml) | Programs that provide syringe access, disposal, and/or exchange  to people who inject drugs (PWID), while also referring and linking PWID to human immunodeficiency virus (HIV) and viral hepatitis prevention services, SUD treatment, and medical and mental health care. Various types of SSPs provide syringe services to PWID, including syringe exchange, pharmacies, physician prescriptions, and health care services. |
| [**Tier 2**](https://getmainenaloxone.org/community-organization/) | A business or organization in the State that receives kits of naloxone free of charge through the MNDI to have a kit on hand and/or to distribute into the community in case of an opioid overdose emergency. |
| **Treatment Bed** | A bed within a residential treatment facility that is available three-hundred and sixty- five (365) days per year for utilization by an individual participating in the Residential SUD Treatment program. |
| **Warm Hand-off** | Involves the referring agency contacting the receiving agency directly regarding a referral to ensure admittance into the program/service. The Warm Hand-off process includes the referring agency directly introducing the Client to the receiving agency. |
| **Withdrawal Management Program** | A licensed residential Private Non-Medical Institution with support systems featuring availability of specialized clinical consultation and supervision for biomedical, emotional, or behavioral problems related to intoxication and withdrawal management, in compliance with [10-144 C.M.R. Chapter 101 Ch. II Section 97 Appendix B](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx) and [14-118 C.M.R. Ch. 5 Section 19 (19.2](https://www1.maine.gov/sos/cec/rules/14/118/118c005.doc)). |

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

*Office of Behavioral Health*

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking to establish a Substance Use Disorder (SUD) Treatment Center in Kennebec County as defined in this Request for Proposal (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the awarded Bidder will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine residents. The Department’s Office of Behavioral Health (OBH) is the State’s administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance abuse and mental health services. The mission of OBH is to ensure all Maine residents with mental health, substance use, and co-occurring disorders are not just managing symptoms but living lives of dignity, hope, and meaning as independently as possible.

Pursuant to the 131st Maine Legislature First Special Session-2023, [L.D. 1719 “An Act to Establish Substance Use Disorder Treatment Centers”](https://legislature.maine.gov/legis/bills/getPDF.asp?paper=HP1106&item=1&snum=131), the Department is required to establish two (2) SUD Treatment Facilities.

Through this RFP the Department intends to provide *one-time start-up funding and financial support for the provision of services as set forth in this RFP* to establish a SUD Treatment Center in Kennebec County providing a:

* **SUD Receiving Center** which offers Clients the ability to walk into the facility and receive triage services, screening and assessment, referral for ongoing care needs, and Bridge Services including individual and group therapy, referral to wound care, and medication initiation services; and
* **Withdrawal Management Program** with a minimum of ten (10) Treatment Beds which operates under existing [Section 97 Private Non-Medical Institution (PNMI) regulations](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx).

Both the SUD Receiving Center and Withdrawal Management Program shall operate in one (1) location under one (1) facility with staffing comprised of a multidisciplinary team. This SUD Treatment Center will be first of its kind in the State with the goal of offering a continuum of services intended to meet individual needs in the moment.

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

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

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

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

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 4/1/2024 | 3/31/2026 |
| Renewal Period #1 | 4/1/2026 | 3/31/2028 |
| Renewal Period #2 | 4/1/2028 | 3/31/2029 |

1. **Number of Awards**

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

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

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

1. **Facilities Standards/Requirements**

1. Establish and operate a SUD Treatment Center that offers services as a Substance Use Disorder (SUD) Receiving Center and a Withdrawal Management Program.
   1. Prior to operation of the SUD Treatment Center, obtain a:
      1. License through the Department’s [Division of Licensing and Certification for Behavioral Health Services](https://www.maine.gov/dhhs/dlc/licensing-certification/behavioral-health) to provide Residential SUD Treatment; and
      2. [MaineCare Provider Agreement](https://mainecare.maine.gov/Provider%20Forms/Forms/Publication.aspx?RootFolder=%2FProvider%20Forms%2FProvider%20Enrollment&FolderCTID=&View=%7B550DD634-668F-47E9-B0DD-93CDCC1CD721%7D).
   2. Maintain all required licensure/certification and MaineCare Provider Agreement for the operation of the SUD Treatment Center.
   3. Ensure the SUD Receiving Center seven (7) days per week, at a minimum, from 7:00 a.m. to 11:00 p.m., for the first year of service provision.
      1. Subsequent years shall operate 24/7/365.
   4. Ensure the Withdrawal Management Program operates 24/7/365, with a minimum of ten (10) Treatment Beds.
      1. At least forty percent (40%) of the occupancy in the treatment center must be made available to individuals who have coverage under the MaineCare program.
   5. Be Co-occurring Capable with a team-based model of care through a team of employed or contracted personnel.
   6. Perform as a temporary provider, linking Clients to ongoing treatment, Recovery, wellness, and primary care.
   7. Establish policies around access, coordination, communication with other potential prescribers regarding prescriptions, and treatment for the safety of Clients and to decrease the risk of diversion.
   8. Ensure the facility is a [Tier 2](https://getmainenaloxone.org/community-organization/) Overdose Education and Naloxone Distribution partner through the Maine Naloxone Distribution Initiative (MNDI) by the time Treatment Beds become available and the facility opens.
2. **Referral and Intake Process** 
   1. Triage each individual seeking to receive services at the SUD Treatment Center and screen for ongoing needs.
   2. Complete a comprehensive assessment, as appropriate, according to:
      1. [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.07-3)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx); and
      2. [10-144 C.M.R. Chapter 101 Ch. II Section 65 (65.05-03 and §65.07-5)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx).
   3. Provide Withdrawal Management Program services only to individuals who meet the:
      1. General Eligibility Criteria outlined in [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.02-1)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx);
      2. Medical Necessity requirements outlined in [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.02-2)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx); and
      3. Medical Eligibility for Substance Use Facilities outlined in [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.02-3)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx).
   4. Provide an appropriate community referral for individuals in order to meet any individually identified needs.
   5. Provide SUD Receiving Center services to potential Clients identifying a need for SUD-related services.
   6. Provide coordination services after treatment, including but not limited to local recovery centers, hypodermic apparatus exchange programs, and recovery residences.
3. **Client Coverage Screening and Billing Methods: MaineCare, Medicare, and Private Health Insurance**
   * + 1. Determine each Client’s health insurance status. If it is determined that the individual:
          1. Is a MaineCare member without any other health insurance coverage, then MaineCare shall be billed for all services. Payment by MaineCare shall be subject to the standard terms of MaineCare reimbursement and no further payments will be made;
          2. Is a MaineCare member with a medically needy deductible, then the individual recipient of services shall pay for all services provided until the medically needy deductible is met. Once the medically needy deductible has been met, then MaineCare shall be billed for any further services provided. Payment by MaineCare shall be subject to the standard terms of MaineCare reimbursement. Exceptions to this provision may be granted upon written Department approval;
          3. Has private health insurance, bill the individual’s health insurance carrier for all portions of all services provided which the carrier will reimburse for, with the remaining portions being billed to the Department;
          4. Has health insurance coverage only through Medicare, bill Medicare for all portions of all services provided which Medicare will reimburse for. No further payments will be made for services reimbursed by Medicare. For services not reimbursed by Medicare, the awarded Bidder may bill the Department;
          5. Is a MaineCare member who also has health insurance coverage through Medicare (i.e., Dual Eligible), the awarded Bidder must first bill Medicare for all services provided under the contract resulting from this RFP that are reimbursable by Medicare, then seek reimbursement from MaineCare for any remainder or unpaid portions (i.e., coinsurance or deductible) and accept the MaineCare payment in full for those services. If the services under this RFP are not reimbursable by Medicare, then the awarded Bidder must bill MaineCare for the services. No further payments will be made; or
          6. Is neither a MaineCare member nor has health insurance coverage through Medicare or a private health insurance carrier, then the individual is considered uninsured and the awarded Bidder shall bill the Department for all services provided.
       2. If an individual receives services that are eligible for retroactive MaineCare coverage under [10-144 C.M.R. Chapter 332, Part 2, Section 13 (13.4](https://www.maine.gov/sos/cec/rules/10/ch332.htm)), the awarded Bidder must credit the amount of any such retroactive reimbursement received from MaineCare.
       3. Manage funds so that individuals receiving services under the contract resulting from this RFP are not prematurely discharged when the clinical need for the service is still present.
       4. Provide assistance to each individual who is found not to have MaineCare and is receiving services under the contract resulting from this RFP in applying for MaineCare benefits within fourteen (14) calendar days of the date such services are initiated and every six (6) months thereafter.
4. **SUD Receiving Center Service**
   1. Develop an Individual Treatment Plan (ITP) for each eligible Client in accordance with [10-144 C.M.R. Chapter 101 Ch. II Section 65 (65.08(B))](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx).
   2. Conduct a review of each ITP according to [10-144 C.M.R. Chapter 101 Ch. II Section 65 (65.08(B))](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx).
   3. Provide Outpatient Care services according to the substance use program “License/Certificate” requirements, as stated in [14-118 C.M.R. Chapter 5 Section 19 (19.7)](https://www1.maine.gov/sos/cec/rules/14/118/118c005.doc), and the ITP, for as long as medically necessary.
   4. Refer Clients who identify as needing services outside of the SUD Treatment Center to appropriate services within seven (7) calendar days, including but not limited to:
      1. Wound care: refer the Client out to an appropriate medical provider, dependent on the need.
      2. Bridge Services: to Clients who are diagnosed with any SUD and/or co-occurring SUD, as well as to individuals at risk of developing SUD, as clinically appropriate, including referrals to other SUD treatment services.
      3. Outreach services: through allied service sites both off-site and on-site, to engage Clients in care.
      4. Substance use care: including prescribing buprenorphine or linkage to methadone as clinically appropriate.
      5. Mental health counseling services.
   5. Transition Clients from Medication for Opioid Use Disorder (MOUD) in jails/prisons, Residential SUD Treatment facilities, induction in emergency departments, and Withdrawal Management Program services until care can be firmly established with an ongoing MOUD provider.
5. **Withdrawal Management Program Services**
   1. Develop an Individual Service Plan (ISP) for each eligible Client in accordance with [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.07-3)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx).
   2. Provide Withdrawal Management Program services according to the substance use program “License/Certificate” requirements, as stated in [14-118 C.M.R. Chapter 5 Section 19 (19.3)](https://www1.maine.gov/sos/cec/rules/14/118/118c005.doc) and [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.08-1(C))](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx) and the ISP, for as long as is medically necessary.
   3. Conduct a review of the ISP according to [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.07-6)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx).
6. **General Requirements**
7. Maintain a daily log of information, for reporting on the Monthly Narrative Report, about each visit to the SUD Treatment Center, including:
   * + - 1. Demographic information;
         2. Services requested;
         3. Outcome of visit;
         4. Times throughout the day that Clients are seeking services from the SUD Receiving Center;
         5. Number of daily encounters with individual Clients; and
         6. Number of Clients who returned to the facility seeking additional services within ninety (90) calendar days of service discharge.

Complete and submit Critical Incident reports via the Department's Designated System.

Maintain Client records according to [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.07-4)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx), for each individual receiving Withdrawal Management Program services and [10-144 C.M.R. Chapter 101 Ch. II Section 65 (65.08-4)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) for SUD Receiving Center services.

Perform a discharge summary for each Client receiving Withdrawal Management Program services, according to [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.07-7)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx) and [10-144 C.M.R. Chapter 101 Ch. II Section 65 (65.08-4(D))](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx) for SUD Receiving Center services.

Utilize the Department’s Designated System to enter all Client treatment and demographic data, as appropriate for the specific service(s) provided.

Ensure quality assurance of program delivery and program data collection.

Support all data requests made by the Department.

If a Client requires or requests Medication Assisted Treatment (MAT), ensure that MAT induction services are offered on-site, and the Client is provided a Warm Hand-off to MAT off-site. When deemed necessary and beneficial to the Client, a qualified physician may prescribe all appropriate FDA-approved medication for SUD treatment.

If it is determined that the Client meets eligibility requirements for methadone treatment, the Client must be provided a Warm Hand-off to a Certified Opioid Treatment Program (OTP) for treatment.

Engage with prospective Clients and provide services to Clients in community settings as needed and through telehealth, when indicated as clinically appropriate.

Build referral partnerships with allied service sites and critical nodes, including emergency departments, jails, Withdrawal Management Programs, and Residential SUD Treatment facilities.

Maintain a referral relationship with Certified Opioid Treatment Programs (OTPs) and providers of Syringe Service Programs (SSPs) for the provision of harm reduction and wound care services.

1. **Confidentiality of Protected Health Information (PHI)**
   1. Ensure all PHI or other individually identifiable information provided by the Department, accessed via Department systems, or received or acquired from any individual as a part of the SUD Treatment Center or through any other method, is regarded as confidential information.
      1. Ensure all confidential information in any format is safeguarded consistent with the terms of the Department’s [Business Associate Agreement](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/baa-contract-rider.pdf) and any other applicable State and federal confidentiality laws, regulations, and or rules.
   2. Comply with the terms of Maine’s Notice of Risk to Personal Data Act, [10 M.R.S.A. §§ 1346-1350-B](https://www.mainelegislature.org/legis/statutes/10/title10ch210-B.pdf), and other applicable privacy and security laws, rules, and regulations.
   3. Meet quarterly either in-person or by telephone conference with the Department, to review PHI compliance and any potential concerns related to confidential information.
   4. Notify the Department immediately in the event of a breach or potential breach of confidentiality.
   5. Collaborate with the Department to investigate, document, and otherwise respond to any actual or potential breach of confidential information.
   6. Ensure Health Insurance Portability and Accountability Act (HIPAA) compliance.
      1. All communication containing HIPAA data must be encrypted to AES-256 strength.
2. **Staffing Requirements** 
   1. Employ and/or subcontract a sufficient multidisciplinary team available to provide SUD treatment services, including, at a minimum:
      1. Clinical Team Lead/Director who is a:
         1. [Licensed Clinical Social Worker (LCSW)](https://www.maine.gov/pfr/professionallicensing/professions/state-board-social-worker-licensure/licensing/licensed-social-worker-licensed-master-social-worker-licensed-clinical-social-worker#lc);
         2. [Licensed Clinical Professional Counselor (LCPC)](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure/licensing/professional-counselor-clinical-professional-counselor-marriage-family-counselor-pastoral-counselor-registered-counselor#2); or
         3. [Licensed Alcohol and Drug Counselor (LADC)](https://www.maine.gov/pfr/professionallicensing/professions/adc/licensing/counseling-aide-certified-counselor-licensed-counselor-certified-clinical-supervisor#ladc).
      2. [Certified Clinical Supervisor (CCS)](https://www.maine.gov/pfr/professionallicensing/professions/adc/licensing/counseling-aide-certified-counselor-licensed-counselor-certified-clinical-supervisor#ccs);
      3. LCSW;
      4. LADC;
      5. [Certified Alcohol and Drug Counselor (CADC)](https://www.maine.gov/pfr/professionallicensing/professions/adc/licensing/counseling-aide-certified-counselor-licensed-counselor-certified-clinical-supervisor#cadc);
      6. [Registered Nurse (RN)](https://www.maine.gov/boardofnursing/licensing/index.html) or [Licensed Practical Nurse (LPN)](https://www.maine.gov/boardofnursing/licensing/index.html);
      7. [Certified Nurse Practitioner (CNP)](https://www.maine.gov/boardofnursing/laws-rules/index.html) *(optional, as determined by the awarded Bidder)*;
      8. [Medical Doctor (MD)](https://www.maine.gov/md/licensure/md-license) or [Doctor of Osteopathic Medicine (DO)](https://www.maine.gov/osteo/licensure) who is licensed to act as a MAT Prescriber; and
      9. Recovery Coach.
   2. Ensure at least one (1) staff member, referred to as Patient Navigator(s), responsible for, but not limited to:
      1. Patient navigation support, including access to SUD care through outreach, on a temporary basis;
      2. Building relationships with organizations, specifically allied services sites;
      3. Collaborate with the established providers to provide a rapid intake and additional support services; and
      4. Ensuring compliance with data tracking and reporting requirements.
   3. Ensure staffing meets the requirements outlined in [10-144 C.M.R. Chapter 101 Ch. II Section 97 (97.07-2)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx) and [10-144 C.M.R. Chapter 101 Ch. II Section 65 (65.05-3 and 65.07-5)](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s065.docx), in order to provide appropriate services as described in this RFP.
   4. Maintain staffing requirements associated with the “License/Certificate” to operate a substance use program as stated in [14-118 C.M.R. Chapter 5 Section 19 (19.3 and 19.7)](https://www1.maine.gov/sos/cec/rules/14/118/118c005.doc).
3. **Performance Measures**
4. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
   1. Submit data to support the performance measure utilizing **Appendix H** (Performance Measure Report Template), or other report form or via a third-party data source, as determined by the Department during contract negotiations.
   2. Provide additional supportive documentation as determined by the Department, for Department validation of the summary data submitted in the Performance Measures Report as requested by the Department.
   3. Additional Performance Measure may be determined and required by the Department during any contract period resulting from this RFP.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Mandatory Performance Measures** | | | |
|
| **Performance Measure** | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| *Office Goal/Initiative: Ensure Warm Hand-off facilitation is occurring.* | | | |
| **a.** | Ninety-five percent (95%) of Clients requiring or requesting MAT will receive a Warm Hand-off to:   1. MAT services off-site, if needed; or 2. A Certified OTP, if appropriate. | Monthly | **Appendix H** - Performance Measure Report |
| *Office Goal/Initiative: Ensure Clients receive appropriate Bridge Services for the next appropriate level of care.* | | | |
| **b.** | Ninety percent (90%) of individuals receiving services are referred to:   1. Other community services including Recovery support services, as appropriate; or 2. The next appropriate level of services in the continuum of care | Monthly | **Appendix H** - Performance Measure Report |
| **c.** | Percentage of Clients who had identified need for services outside of the facility, were referred to appropriate services within seven (7) calendar days. Baseline will be established within the first six (6) months. | Monthly | **Appendix H** - Performance Measure Report |

# **Reports**

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

|  |  |  |
| --- | --- | --- |
| **Table 2 – Required Reports** | | |
| **Name of Report or On-Site Visit** | | **Description or Appendix #** |
| **a.** | Performance Measures Report | Appendix **H** |
| **b** | Monthly Narrative Report | Client visits to the SUD Treatment CenterNumber of Clients who returned to the facility seeking additional services within ninety (90) calendar days of service dischargeOther data as agreed, between the Department and awarded Bidder |
| **c.** | Department On-Site Visit | As agreed, between the Department and awarded Bidder. |
| **d.** | Monthly Financial Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents). |
| **e.** | Contract Closeout Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/contracts/index.html). |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3 – Required Reports Timelines** | | | |
| **Name of Report or On-Site Visit** | | **Period Captured by Report or On-Site Visit** | **Due Date** |
| **a.** | Performance Measures Report | Each month | Ten (10) calendar days after the end of each month |
| **b.** | Monthly Narrative Report | Each month | Ten (10) calendar days after the end of each month |
| **c.** | Department On-Site Visit | Point-in-time | Annually, at the Department’s discretion |
| **d.** | Monthly Financial Report | Each month | Ten (10) calendar days after the end of each month |
| **e.** | Contract Closeout Report | Entire contract period | Sixty (60) days following the close of the contract period. |

**PART III KEY RFP EVENTS**

1. **Informational Meeting**

The Department will sponsor an Informational Meeting concerning the RFP beginning at the date, time and location shown on the RFP cover page. The purpose of the Informational Meeting is to answer and/or field questions, clarify for potential Bidders any aspect of the RFP requirements that may be necessary and provide supplemental information to assist potential Bidders in submitting responses to the RFP. Although attendance at the Informational Meeting is not mandatory, it is strongly encouraged that interested Bidders attend.

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

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

## Notice of Intent to Bid

* + - 1. **Notice of Intent Due:** Bidders interested in submitting a proposal are required to submit **Appendix J** (Notice of Intent to Bid Form) by the date and time specified on this RFP’s cover page.

Failure to submit a Notice of Intent by this deadline will automatically result in a Bidder’s proposal being disqualified from the evaluation process.

* + - 1. **Submission:** Notices of Intent are to be submitted only to the RFP Coordinator listed on this RFP’s cover page. The Bidder is responsible for allowing adequate time for delivery. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.

1. **Submitting the Proposal**
   1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
      1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
   2. **Delivery Instructions:** E-mail proposal submissions are to be submitted to the State of Maine Division of Procurement Services at [Proposals@maine.gov](mailto:Proposals@maine.gov).
      1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
         1. Proposal submission e-mails that are successfully received by the [proposals@maine.gov](mailto:proposals@maine.gov) inbox will receive an automatic reply stating as such.
      2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
      3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Please check with your organization’s Information Technology team to ensure that your security settings will not encrypt your proposal submission.
      4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
      5. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202312238 Proposal Submission – [Bidder’s Name]”**
      6. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

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

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

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

All required documentation stated in PART IV, Section I.

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

*PDF format preferred*

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

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

**Appendix E** (Litigation Form)

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

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

*PDF format preferred*

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

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

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

*PDF and Excel formats preferred*

**Appendix G** (Cost Proposal Form)

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

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

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

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

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

**Proposal Format and Contents**

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

* 1. **Proposal Cover Page**

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

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

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

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

* 1. **Overview of the Organization**

Bidders must complete **Appendix C** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. In addition, Bidder must describe their experience/expertise in providing SUD Treatment services.

Bidders must include three (3) examples of projects within the last five (5) years, demonstrating their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractors**

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

* 1. **Organizational Chart**

Bidders must provide an enterprise-wide organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. This chart must indicate to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of **Appendix F** (Response to Proposed Services).

* 1. **Litigation**

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

* 1. **Financial Viability**

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

* 1. **Licensure/Certification**

Bidders must provide documentation of any applicable licensure/certification or specific credentials that are related to providing the proposed services of the RFP. This documentation may include:

1. License through the Department’s [Division of Licensing and Certification for Behavioral Health Services](https://www.maine.gov/dhhs/dlc/licensing-certification/behavioral-health) to provide Residential SUD Treatment; and
2. MaineCare Provider Agreement
   1. **Certificate of Insurance**

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

|  |  |
| --- | --- |
| **Required Attachments Related to Organization Qualifications and Experience** | |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form |
| Two (2) | Subcontractors Form |
| Three (3) | Organizational Chart |
| Four (4) | Litigation Form |
| Five (5) | Financial Viability |
| Six (6) | Licensure/Certification |
| Seven (7) | Certificate of Insurance |

Attachments 1 – 7, must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 7 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

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

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

|  |  |
| --- | --- |
| **Required Attachments Related to Proposed Services** | |
| **Attachment #:** | **Attachment Name:** |
| Eight (8) | Job Descriptions |
| Nine (9) | Staffing Plan |
| Ten (10) | Implementation - Work Plan for construction/ renovations of the proposed location of the SUD Treatment Center |
| Eleven (11) | Implementation - Work Plan for implementation of SUD Treatment services |

Attachments 8 – 11, must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 8 – 11 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

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

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the initial period of performance, starting 4/1/2024 and ending on 3/31/2026.
     2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
     3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

1. Bidders must fill out **Appendix G** (Cost Proposal Form), following the instructions detailed here and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in the exclusion of the proposal from consideration, at the discretion of the Department.
2. **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms.
3. **Allowable and Non-Allowable Use of Funds related to Start-up costs:** Awarded funds may be utilized for costs associated with administering and delivering SUD Treatment Center services in Kennebec County and items that are reasonable, allowable, and directly related to adding and/or expanding Adult Residential Withdrawal Management beds and for provision of SUD Receiving Center services.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TABLE OF ALLOWABLE EXPENSES FOR START-UP COSTS** | | | | | |
| 1. Allowable physical structure costs include, but are not necessarily limited to: | | | | | |
|  | Pre-construction | | * Site costs * Permitting and bidding * Construction, acquisition, and renovations | |
|  | Exterior | | * Siding and accessories * Replacement windows * Doors * Roofing | |
|  | Interior | | * Room additions and partitions * Demolition and disposal * Framing and ceilings * Painting and sheetrock * Flooring and carpeting * Systems (HVAC, electrical, plumbing, heat pumps) * Facility Safety Equipment (sprinkler system, security cameras/system, safety devices) | |
| 1. Allowable staffing and tangible, movable property expenses include, but are not necessarily limited to: | | | | | |
|  | Staffing | * Staff training, salary, and professional development (limited to initial three (3) months) | |
|  | Equipment | * Bedroom Furniture (beds, dressers, lamps/lighting) * Bedroom Linens (bedding, sheets, pillows) * Staff furniture (desk, desk chairs) * Storage (medication, records) * Laundry appliances (washer, dryer) * Common area furniture (couch, chairs, side tables, coffee table) * Kitchen appliances and items (stove, refrigerator, dishwasher, pots, pans, utensils) * Patient and staff computers | |

1. Funds shall not be used:
   1. On building or facility maintenance expenditures, recreational items, or outdoor space;
   2. For décor, artwork, televisions, entertainment systems, recreation items or food;
   3. For staff bonuses and/or raises; or
   4. Any expenditure that is not deemed necessary to the creation and implementation of the Kennebec SUD Treatment Center as determined by the Department.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

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

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

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

**Section II. Organization Qualifications and Experience (20 points)**

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

**Section III. Proposed Services (50 points)**

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

**Section IV. Cost Proposal (30 points)**

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

* 1. Proposed Start-up Costs (10 points)
  2. SUD Treatment Center Services Cost Proposal (15 points)
  3. Budget Narrative (5 Points)
  4. **Scoring Process:** The evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
  5. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest bid for start-up costs will be awarded 10 points, while the lowest bid for SUD Treatment Center services will be awarded 15 points. Proposals with higher bids values for start-up costs and SUD Treatment Center services will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted start-up cost proposal / Start-up cost of proposal being scored) x 10 = pro-rated score

(Lowest submitted SUD Treatment Center services cost proposal / SUD Treatment Center services cost of proposal being scored) x 15 = pro-rated score

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

The remaining five (5) points allocated to the Cost Proposal (**Appendix G**) will be used to evaluate the responsiveness of the narrative material and supporting documentation for accuracy and reasonableness of the proposed cost (assumptions used in calculating the costs). The evaluation team will use a consensus approach to evaluate and score the budget narrative.

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

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

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

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

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

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

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

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

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

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

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

* 1. Payments and Other Provisions

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

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

**Appendix A** – Proposal Cover Page

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

**Appendix C** – Qualifications and Experience Form

**Appendix D** – Subcontractors Form

**Appendix E** – Litigation Form

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

**Appendix G** – Cost Proposal Form

**Appendix H** – Performance Measure Report Template

**Appendix I** – Submitted Questions Form

**Appendix J** – Notice of Intent to Bid Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PROPOSAL COVER PAGE**

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

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

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

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

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

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

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

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

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

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

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

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

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

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

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

|  |
| --- |
| **Provide a description of projects that occurred within the past five (5) years which reflect experience and expertise needed in performing the functions described in Part II – Scope of Services to be Provided of the RFP. Please note that contract history with the State of Maine, whether positive or negative, may be considered in rating proposals even if not provided by the Bidder.** |

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

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

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

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## SUBCONTRACTORS FORM

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

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

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| --- |
| **If subcontractors, including consultants, are to be used, provide each individual subcontractor’s business or consultant’s name, contact person, address, phone number, and a brief description of the subcontractor’s organizational or consultant’s capacity and qualifications. Bidders should add additional Subcontractors/Consultants as needed.** |

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

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

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## LITIGATION FORM

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

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

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

|  |  |
| --- | --- |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 2023122358**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

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



**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**COST PROPOSAL AND BUDGET NARRATIVE FORM**

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Proposed Start-up Costs:** | **$** |
| **SUD Treatment Center Services Proposed Cost:** | **$** |

**Instructions:** The Department intends to provide one-time start-up funding and financial support for the provision of services as set forth in this RFP. The Bidder must complete and submit budget forms providing a detailed breakdown of expenses in performing the services for the initial period of performance as described in this RFP and in the Bidder’s proposal. The Total Start-up Costs and Total Expenses amounts on each spreadsheet is the proposed costs to be used in the scoring cost formulas for evaluation purposes.

**By double clicking on the document icons below, the proposed Start-up Costs Form and SUD Treatment Center Services Budget Form may be obtained in an Excel (.xlsx) format and SUD Treatment Center Services Budget Form Instructions may be obtained in a PDF (.pdf) format.**

|  |  |  |
| --- | --- | --- |
| **\*Start-up Cost Form** | **SUD Treatment Center Services Budget Form** | **SUD Treatment Center Services Budget Form Instructions** |
|  |  |  |

***\* Refer to Part IV, Section IV, 2(c.) of the RFP for Allowable and Non-Allowable Use of Funds related to Start-up costs***

|  |
| --- |
| **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms. |
|  |

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

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



**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**SUBMITTED QUESTIONS FORM**

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

This form should be used by Bidders when submitting written questions to the RFP Coordinator as defined in Part III of the RFP.

If a question is not related to any section of the RFP, enter “N/A” under the RFP Section & Page Number. Add additional rows as necessary.Submit this document in WORD format, not PDF.

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

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

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**NOTICE OF INTENT TO BID FORM**

**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

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

|  |
| --- |
| **Provide a brief description of the Bidder’s experience and ability to perform the work required within this RFP.** |
|  |

|  |  |
| --- | --- |
| **Signature of person authorized to enter into the contract with the Department:** | |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |