**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Behavioral Health*



**RFP# 202503046**

**Family Peer Support Statewide Network**

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| **RFP Coordinator** | **NAME:** | | Casey Manson |
| **TITLE:** | | Procurement Manager |
| **EMAIL:** | | Cassandra.Casey.Manson@maine.gov |
| *All communication regarding the RFP must be made through the RFP Coordinator.* | | | |
| **Informational Meeting** | **DATE:** | | Monday May 12, 2025 |
| **TIME:** | | 1:00 PM |
| **LOCATION:** | | *An Informational session regarding this RFP will be held via ZOOM.* [WEB LINK FOR RFP 202503046](https://mainestate.zoom.us/j/83761083718?pwd=vELbmtM2TTCESuVlQ9LHTSOGMB61rh.1) Meeting ID: 837 6108 3718 Passcode: 77439349 or by phone at 1 646 876 9923 using the meeting ID provided. |
| **Submitted Questions Due Date** | May 14, 2025, no later than 11:59 p.m., local time | | |
| *All questions must be received by the RFP Coordinator by the date and time listed above.* | | | |
| **Notice of Intent to Bid Due Date** | May 30, 2025, no later than 11:59 p.m., local time | | |
| *All notice of intents must be received by the RFP Coordinator by the date and time listed above.* | | | |
| **Proposal Submission Deadline** | **DATE:** | June 6, 2025, no later than 11:59 p.m., local time. | |
| **TO:** | [Proposals@Maine.gov](mailto:Proposals@maine.gov) | |
| *Proposals must be received electronically by the Office of State Procurement Services by the date and time listed above.* | | | |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202503046**

**Family Peer Support Statewide Network**

The State of Maine is seeking proposals for a Family Peer Support Statewide Network.

A copy of the RFP and all related documents can be obtained at: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps>

An Information Meeting will be held on **May 12, 2025,** at 1 **PM** at the following location

<https://mainestate.zoom.us/j/83761083718?pwd=vELbmtM2TTCESuVlQ9LHTSOGMB61rh.1>

Proposals must be submitted to the Office of State Procurement Services, via e-mail, [Proposals@Maine.Gov](mailto:Proposals@Maine.Gov). Proposal submissions must be received no later than 11:59 p.m., local time, on June 6, 2025. Proposals will be opened the following business day.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

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

| **Term/Acronym** | **Definition** |
| --- | --- |
| **Abuse or Neglect** | As defined in [22 M.R.S.A § 4002(1)](https://www.mainelegislature.org/legis/statutes/22/title22sec4002.pdf) |
| **Child(ren)** | An individual who has not yet attained the age of eighteen (18) |
| **Children’s Mental Health Awareness Week** | An event(s), that currently occurs the first week of May each year to shine a spotlight on the importance of children and young people’s mental health. |
| **Department** | Maine’s Department of Health and Human Services |
| **Family Peer Support** | Social, educational, and informational support that is provided from one parent/primary caregiver to another to reduce isolation, the feeling of shame and blame, and assistance to parents/primary caregivers and in navigating Child serving systems, through a relationship that allows the sharing of relative Lived Experiences. Family Peer Support is founded on key principles of respect, shared responsibility, mutual agreement of what is helpful and comfortable, and promotes Recovery and Resiliency. |
| **Family Peer Support Specialist** | A family/primary caregiver who has or is presently parenting a Child/Youth who has been diagnosed with a SMI or SED and is using those experiences to support other families/caregivers going through similar experiences. |
| **Family Peer Support Statewide Network (FPSSN)** | A service that provides Family or Primary Caregivers with Family-driven Peer Support for those who have Children with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI). The purpose of the FPSSN is to promote Resiliency and improve wellbeing of the Family/Primary Caregiver and family. |
| **Family/Primary Caregiver** | A custodial parent, kinship provider, or fictive kin provider, who is legally responsible for the care and wellbeing of a Child(ren). |
| **Lived Experience** | Knowledge gained by an individual who has parented a Child/Youth with SED/SMI; shares their experiences with Family/Primary Caregiver with similar experiences, during one-to-one (1:1) support and other venues where support can be offered. |
| **Peer Support Activities** | Activities for the Family/Primary Caregiver such as: one-to-one (1:1) support, activities-based Social/Educational Events, Supportive Educational Workshops, and parenting education assistance. |
| **Quality Assurance Plan** | Documentation including but not limited to: Policies and procedures describing activities intended to ensure the quality and efficacy of the FPSSN provided. |
| **Recovery** | A process of change through which an individual improves health and wellness, lives a self-directed life, and stives to reach their full potential. |
| **Resiliency** | The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. |
| **RFP** | Request for Proposals |
| [**SAMHSA**](https://www.samhsa.gov/about) | The Substance Abuse and Mental Health Services Administration |
| **Serious Emotional Disturbance (SED)** | A mental, behavioral, or emotional disorder, diagnosed in the past year, in individuals from birth to age eighteen (18), which resulted in functional impairment that substantially interferes with or limits the individual’s role or functioning in family, school, or community activities. |
| **Serious Mental Illness (SMI)** | Occurs among people aged eighteen (18) and older, and is defined as having, at any time during the past year, a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one (1) or more major life activities. |
| **Social/Educational Event** | Activities for eligible Family/Primary Caregivers to gather for opportunities to learn, share, and participate in educational and social opportunities in the community. |
| **State** | State of Maine |
| **Supportive Educational Workshops** | Are generally one (1) hour in length, and include the sharing of information, as well as discussion about a topic of interest, as determined by the program participants. |
| **System of Care** | A spectrum of effective, community-based services and supports for Children and Youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and Youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life, refer to System of Care Core Values and Principles (**Appendix I**). |
| **Trauma-Informed Care** | An approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service recipients and staff. |
| **Unduplicated Count** | The actual number of unique individuals enrolled and participating in a service. Individuals may be enrolled in one (1) or more services (i.e. group and individual Peer Support) per calendar year, but they are counted only once for the entire calendar year. |
| **Youth** | Individuals between fourteen (14) and twenty-six (26) years of age. |

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**RFP# 202503046**

**Family Peer Support Statewide Network**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking proposals to provide Family Peer Support Statewide Network (FPSSN) as defined in this Request for Proposals (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. In addition, the Department recognizes the value of assisting families in providing for the developmental, health, and safety needs of Children. The Department strives to provide programs and services while respecting the rights and preferences of individuals and families.

In accordance with [[M.R.S.A. 34-B § 3004](https://legislature.maine.gov/statutes/34-B/title34-Bsec3004.pdf)](mailto:Proposals@maine.gov), the Department is required to develop programs to promote and support community support systems. Through this RFP, the Department will ensure FPSSN services provide Families/Primary Caregivers of Children and Youth with Serious Emotional Disturbance (SED), or Serious Mental Illness (SMI) Family Peer Support services designed to empower families, by enhancing their capacity to support their Children and Youth.

The Department’s goal for FPSSN is to promote and assist with the development and maintenance of social and/or educational opportunities for families, as an alternative to conventional support group meetings. Social or educational opportunities provide:

* Mutual support and education for parents;
* Strategies for self-advocacy;
* Public awareness activities;
* Information regarding accessing mental health services for Children and Youth;
* Information provision (i.e. therapeutic resources, basic needs, school, community resources, etc.); and
* Assistance making referrals to needed services.

The FPSSN is expected to utilize a System of Care model for Families/Primary Caregivers of Children and Youth living with SED/SMI to ensure they experience improvement in, but not limited to:

* Functioning (in school or at home);
* Wellness;
* Effective communication;
* Relationships;
* Social connections;
* Positive engagement; and
* Participation in meaningful community activities.

Exhibit 1 identifies the FPSSN service hours utilized in State Fiscal Year (SFY) 2023.

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibit 1 – Fiscal Year 2023 Family Peer Support Statewide Network Services** | | | |
| **Department Region / Maine Counties** | **Services** | **Family/Primary Caregivers Served** | **Workshops/ Hours of Service** |
| **Region 1**  York  Cumberland | Supportive Educational Workshops & Social/Educational Events | 303 | 14 workshops |
| One-to-one (1:1) Support | 40 | 400 hours |
| **Region 2**  Androscoggin  Oxford  Franklin  Sagadahoc Lincoln  Knox  Waldo  Kennebec  Somerset | Supportive Educational Workshops & Social/Educational Events | 303 | 53 workshops |
| One-to-one (1:1) Support | 40 | 400 hours |
| **Region 3**  Penobscot Piscataquis  Washington Hancock  Aroostook | Supportive Educational Workshops & Social/Educational Events | 302 | 29 workshops |
| One-to-one (1:1) Support | 38 | 380 hours |
| **Total Family/Primary Caregivers Served** | | **1026** |  |

*NOTE: The data in Exhibit 1 is provided to give Bidders reference for the potential service demand based on previous annual total Families/Primary Caregivers served, and hours used. The Department does not guarantee future usage based on these figures.*

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.). State contracts and information related to contracts, including bid submissions, are generally public records per FOAA.
   8. In the event that a Bidder believes any information that it submits in response to this RFP is confidential, it must mark that information accordingly, and include citation to legal authority in support of the Bidder’s claim of confidentiality. In the event that the Department receives a FOAA request that includes submissions marked as confidential, the Department shall evaluate the information and any legal authority from the Bidder to determine whether the information is an exception to FOAA’s definition of public record. If the Department determines to release information that a Bidder has marked confidential, it shall provide advance notice to the Bidder to allow for them to seek legal relief.
   9. 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.
   10. 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 cost-efficient proposals to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. 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 | 10/1/2025 | 6/30/2027 |
| Renewal Period #1 | 7/1/2027 | 6/30/2029 |
| Renewal Period #2 | 7/1/2029 | 6/30/2030 |

1. **Number of Awards**

The Department anticipates making one (1) award as a result of this 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, Proposed Services.**

1. **Facility Standards and Operational Requirements** 
   * + 1. Maintain administrative office space capable of ensuring a consistent array of a Family Peer Support Statewide Network (FPSSN) for Families/Primary Caregivers.
       2. Provide general operations, Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding [State holidays](https://www.maine.gov/bhr/state-employees/holiday-schedule/2025-Holiday-Schedule) and administrative closings.
       3. Provide a venue(s), in each Region for Family Peer Support Activities occurring outside of the general operating hours.
       4. Provide operations throughout the State allowing FPSSN staff to work remote, if needed or requested.
          1. Ensure staff providing services are located in the specific communities being served.
       5. Ensure FPSSN services are provided in geographic areas where services to families are needed.
2. **Eligibility, Intake, and Service Level Policies and Procedures**
3. Develop and implement, within thirty (30) calendar days of the start of the initial period of performance, Department approved policies and procedures to determine family eligibility to participate which shall include but are not limited to families who:
   1. Care for a Child who has a confirmed Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI) diagnosis as reported by a Family/Primary Caregiver or licensed mental health professional.
   2. Do not receive Behavioral Health Home Services:
      1. Ensure approval is obtained from the Department prior to providing one-to-one (1:1) Family Peer Support to Families who are receiving Behavioral Health Services.
   3. Do not have health insurance or do not have health insurance that covers FPSSN services.
4. Accept referrals from families who self-refer, community providers, schools, residential care providers, hospitals, 2-1-1, etc.
5. Develop and implement, within thirty (30) calendar days of the start of the initial period of performance, Department approved policies and procedures for intake including, but not limited to:
   1. A process that ensures Family/Primary Caregiver receives initial contact within five (5) business days of receipt of the referral.
      1. Ensure one-on-one Families/Primary Caregivers who are not reached at initial contact attempt, receive one (1) contact attempt each week for four (4) weeks. If no contact is made after four (4) weeks, the referral shall be closed.
   2. A process that ensures the initial assessment is completed within thirty (30) calendar days of the initial meeting with the Family/Primary Caregiver.
   3. Appropriate intake forms, including but not limited to:
      1. Referral form/face sheet;
      2. Referral tracking;
      3. Unique client tracking;
      4. Service Agreement (agreement between Family/Primary Caregiver and the FPSSN);
      5. Documenting each Family/Primary Caregiver contact;
      6. Rights of Recipients;
      7. Notice of privacy practices;
      8. Consent to participate;
      9. Notification of grievance procedure;
      10. Confidentiality statement; and
      11. Release of information, as appropriate.
6. Provide community outreach to engage Family Peer Support services and educational opportunities, to be inclusive of those without internet access.
7. Develop a system to track and ensure an Unduplicated Count of FPSSN participants for each service provided.
8. Develop and implement, within thirty (30) calendar days of the start of the initial period of performance, a Department approved, comprehensive communication plan with techniques to ensure Families/Primary Caregivers are informed of available Family Peer Support Activities and services, including, but not limited to:
   1. Resources for Families/Primary Caregivers who do not have internet access.
   2. Strategies for providing information about FPSSN services and resources available to Families/Primary Caregivers.
   3. Family driven, non-clinical support, education, and training opportunities for Families/Primary Caregivers.
   4. Assistance in identifying the most beneficial services for the family.
   5. Utilizing technology and social media to meet the goals of engaging families and promoting the FPSSN as well as Resiliency and Recovery support.
   6. Ensure at least one (1) Family Peer Support Specialist is involved in the oversight of key components of the communication plan, such as social media and website content.
9. **FPSSN Services for Families/Primary Caregivers**
   1. Incorporate the System of Care Core Values and Principles (**Appendix I**) into all aspects of work within the FPSSN.
   2. Ensure FPSSN services include one-to-one (1:1) Family Peer Support and parenting education assistance, Supportive Educational Workshops, and activity-based Social/Educational Events.
      1. Ensure FPSSN supports and activities include sustainable means of support, communication, and education groups that allow Families/Primary Caregivers the opportunity to engage in support within their community, building upon a natural support system.
   3. Ensure FPSSN one-to-one (1:1) Family Peer Support staff make initial contact with the Family/Primary Caregiver within five (5) business days of receipt of the referral.
   4. Provide services that directly involves Families/Primary Caregivers in the design, development, delivery, implementation, and evaluation for the program/service.
   5. Administer a Department approved outcome measures tool to Families/Primary Caregivers receiving one-on-one (1:1) Family Peer Support:
   6. Within the first two (2) visits of the Family/Primary Caregiver’s intake.
   7. Every three (3) months of the Family/Primary Caregiver’s participation; and
   8. When the Family/Primary Caregiver is discharged.
   9. Provide family driven, non-clinical support, training opportunities, and social activities to eligible Families/Primary Caregivers throughout the State, including:
      1. One-to-one (1:1) Family Peer Support;
      2. Supportive Educational Workshops; and
      3. Social/Educational Events.
   10. Assist in identifying mental health services that provide support to the whole family.
   11. Hold a Statewide awareness campaign for the annual Children’s Mental Health Awareness Week.
       1. The awareness campaign must be approved by the Department.
   12. Provide support and information by phone through a toll-free number, returning voicemails within one (1) business day.
   13. Provide accommodations to Families/Primary Caregivers and others who request interpreter services.
10. **Website and Social Media Requirements**
11. Develop and maintain a website that contains Family/Primary Caregiver resource information which is at minimum:
12. Available for informational purposes only;
13. Complies with the [Americans with Disabilities Act](https://www.ada.gov/); and
14. Includes access to a calendar for FPSSN events.
15. Develop and maintain a Facebook account with current information on the following:
16. Available job postings for FPSSN;
17. Supportive Educational Workshop announcements;
18. Notification of Social/Educational Events for Families/Primary Caregivers;
19. Pictures of Children/Youth, parents, and staff in various provider-sponsored activities; and
20. Children’s Mental Health Awareness Week activities, and listings of free statewide events/resources for Children’s Mental Health Awareness Week.
21. Ensure the website adheres to the State’s MaineIT [Digital Accessibility Policy](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/DigitalAccessibilityPolicy.pdf) and [Social Media for State Business Policy](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/SocialMediaStateBusiness.pdf).
22. Ensure no data is released regarding the usage of the website without the written approval from the Department. This is regardless of whether the data would be given away, sold, bartered, or through any other arrangement.
23. Ensure any information collected, used, and reported on will be de-identified meeting the definition of TLP White as required by the MaineIT [Data Classification Policy](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/DataClassificationPolicy.pdf).
24. Ensure the website does not include:
    1. TikTok, which describes the social networking service TikTok or any successor application or service developed or provided by ByteDance Limited or an entity owned by ByteDance Limited.
    2. Identification of the State and/or Department on any web pages.
25. **Data Collection and Quality Assurance Requirements**
26. Develop an internal process for collection and tracking FPSSN data, including but not limited to:
    * + - 1. Referrals;
          2. Unique participant information;
          3. Completion of and information related to the outcome measures tool; and
          4. Satisfaction Survey.
27. Develop a Quality Assurance Plan for collecting and tracking FPSSN data and provide to the Department within ninety (90) calendar days of the initial period of performance. The Quality Assurance Plan must:
28. Include aggregate data that meets the [93.958 Block Grants for Community Mental Health Services](https://singleaudit.org/program/?id=93.958) requirements associated with Federal and/or State funding grants for recipients of FPSSN services;
29. Include the number of individuals served (Unduplicated Count) and all Family Peer Support Activities provided;
30. Align with the FPSSN mission, vision, values, and priorities; and
31. Recognize and measure the strategic priorities of the FPSSN supports and activities.
    * + 1. Implement, upon Department approval, the Quality Assurance Plan to provide quarterly reporting to the Department by utilizing collected data for ongoing quality assurance and quality improvement, to include the Unduplicated Count of Families/Primary Caregivers participation in:
    1. One-to-one (1:1) Family Peer Support;
    2. Supportive Educational Workshops; and
    3. Social/Educational Events.
32. Develop a plan for training, implementation, and tracking all aspects of the Department approved outcome measures tool.
33. Develop and administer, a Department approved, quarterly Family Satisfaction Survey to participating Families/Primary Caregivers via paper or electronic form.
34. Develop and implement strategies for development and future implementation of FPSSN services based on verbal input from Families/Primary Caregivers and responses from the Family Satisfaction Survey.
35. Develop, in partnership with participating Families/Primary Caregivers, a comprehensive evaluation plan and provide to the Department for approval, within thirty (30) calendar days of the initial period of performance. The plan shall include but not be limited to:
    1. Assessing if performance measures are being met;
    2. Meeting goals of all aspects of proposed FPSSN services;
    3. Explaining how Family/Primary Caregiver feedback will be included in the development of the comprehensive evaluation plan; and
    4. Providing a timeline of how changes are made to the comprehensive evaluation plan based on Family/Primary Caregiver feedback.
36. **Confidentiality Requirements**
37. Obtain and maintain insurance as outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_1.31.25.pdf), under Rider B-IT, Section 19. Insurance Requirements.
38. If the awarded Bidder electronically collects sensitive information (PII, PHI, and/or other confidential data) as part of the service delivery under the contract awarded under this RFP, the awarded Bidder must implement risk assessment and vulnerability scanning policies and procedures, at minimum to be equivalent to MaineIT policies for:

[Risk Assessment Policy & Procedures (RA-1)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RiskAssessmentPolicyProcedure.pdf); and

[Vulnerability Scanning Procedure (RA-5)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/VulnerablityScanningProcedure.pdf).

1. Comply with all State and Federal laws regarding the protection of confidential and/or sensitive information that is collected or maintained by the awarded Bidder, including, as applicable, notification to individuals in the event of unauthorized access or disclosure.
2. Comply with all confidentiality requirements outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_1.31.25.pdf), under Rider B-IT, Section 30. Confidentiality.
3. The State does not consume any awarded Bidder application, nor does the awarded Bidder consume any State application.
4. **Staffing Requirements**

Provide sufficient staffing with Lived Experience to support the FPSSN program, including but not limited to:

A full time (forty (40) hours a week) FPSSN Project Lead who:

Has at least two (2) years of supervisory experience.

Completes all requirements to obtain and maintain Department approved certification in Family Peer Support for supervisors.

Is supervised by staff who has a minimum of a bachelor's degree in a related field (i.e. social services, education, rehabilitation).

Family Peer Support Supervisors who complete all requirements to obtain and maintain Department approved certification in Family Peer Support for supervisors.

Family Peer Support Specialists who complete all requirements to obtain and maintain Department approved certification in Family Peer Support.

Conduct a full background check on all FPSSN staff in alignment with the Department’s [Subrecipient Service Cost Settle w/Invoice – Service Contract Template](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/dhhs-service-contract-template-sub-csi-feb-2025.docx) Rider D, Sections 13 Background Checks and 18 Motor Vehicle Check.

1. **Staff Training and Supervision**

Develop and implement a training and supervision plan, within thirty (30) calendar days of the start of the initial period of performance, for all Family Peer Support staff, including but not limited to:

Delivery of Department approved training that is evidence informed and includes a learning collaborative for both Family Peer Support Specialists/Supervisors, specifically:

Family Peer Support Specialist/Supervisor Training;

Family Peer Support Specialist/Supervisor Learning Community, at minimum quarterly;

Family Peer Support Specialist/Supervisor Booster Trainings, at minimum two (2) times annually;

Department approved certification for both Family Peer Support Specialists/ Supervisors; and

Ensure Family Peer Support Supervisors verify and document the Family Peer Support Specialist’s understanding of the core competencies of the approved model through a Department approved fidelity process.

Providing annual confidentiality training:

* 1. Develop a confidentiality agreement and ensure all Family Peer Support staff sign annually.

Providing additional trainings, as directed by the Department, including, but not limited to:

Mandated reporting;

Instruction on creating a contact note; and

[CBHS training; Children’s Behavioral Health Services in Maine – A System Overview, which provides an overview of Maine’s Children’s Behavioral Health Services system](https://www.maine.gov/dhhs/ocfs/provider-resources/staff-development-training); and

Trauma-Informed Care.

Ensuring all training and certification of Family Peer Support staff is documented and placed in the employees’ file, and available upon request by the Department.

Ensuring training includes an emphasis, in supervision, on the role of persons with Lived Experience, as well as the primary role of Peers in the FPSSN.

1. **Performance Measures**
2. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
   1. Submit data to support the performance measure utilizing **Appendix H** (Provider Packet Template) or via a third-party data source, as indicated within the performance measure data source column of **Table 1**.
   2. Provide additional supportive documentation as indicated in **Table 1**, for Department validation of the summary data submitted in the Performance Measures Report as requested by the Department.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Mandatory Performance Measures** | | | |
|
| **Performance Measure** | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| *Office Goal/Initiative: Improve stability and wellbeing of individuals and families.* | | | |
| **a.** | Ninety percent (90%) of one-to-one (1:1) Family/Primary Caregivers shall have initial contact with the one-to-one (1:1) Family Peer Support staff within five (5) business days of referral. | Quarterly | **Appendix H** |
| **b.** | At discharge, eighty-five percent (85%) of one-to-one (1:1) Family/Primary Caregivers show improvement based on the outcome measures tool identified by the Department at the time of contract development. | Quarterly | **Appendix H** |
| **c.** | Family Satisfaction Surveys shall have a forty-five percent (45%) response rate. | Quarterly | **Appendix H** |
| **d.** | A minimum of twenty-five (25) eligible Families/Primary Caregivers Statewide will receive one-to-one (1:1) Family Peer Support. | Quarterly | **Appendix H** |

# **Reports**

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

|  |  |  |
| --- | --- | --- |
| **Table 2 – Required Reports** | | |
| **Name of Report** | | **Description or Appendix #** |
| **a.** | Provider Packet | **Appendix H** |
| **b.** | Quarterly Report of Revenue and Expenses | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents). |
| **c.** | 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** | | **Period Captured by Report:** | **Due Date:** |
| **a.** | Provider Packet | Each quarter | Thirty (30) calendar days after each quarter |
| **b.** | Quarterly Report of Revenue and Expenses | Each quarter (one for each Program/Component as specified on the Rider F-1 ASF Pro Forma) | Thirty (30) calendar days after each quarter |
| **c.** | Contract Closeout Report | Entire contract period | Sixty (60) calendar 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 K** (Submitted Questions Form) for submission of questions. If used, the form is to be submitted as a WORD document.
      2. Questions 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. The RFP number and title must be included in the subject line of the e-mail containing the submitted questions. 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 [Office of State Procurement Services RFP 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 [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## 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) by the date and time specified on this RFP’s cover page.

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

* + - 1. **Submission:** Notices of Intent to Bid 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. **Proposal Submission**
   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 must be submitted to the Office of State 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. Bidders should work with their Information Technology team to ensure that the proposal submission will not be encrypted due to any security settings.
      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.
   3. **Submission Format:**
      1. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202503046 Proposal Submission – [Bidder’s Name]”**
      2. 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** (Responsible Bidder Certification)

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

*PDF format preferred*

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

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

**Appendix E** (Litigation Form)

All required information and attachments stated in PART IV, Section II, should be included in one (1) PDF file.

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

*PDF format preferred*

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

All required information and attachments stated in PART IV, Section III, should be included in one (1) PDF file.

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

*Excel format preferred*

**Appendix G** (Cost Proposal and Budget Narrative)

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.

Bidder proposals 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. Bidders must 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. **Responsible Bidder Certification**

Bidders must complete **Appendix B** (Responsible Bidder Certification). The Responsible Bidder Certification must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

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

* 1. **Overview of the Organization**

Bidders must complete **Appendix C** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. Bidders must include three (3) examples of projects within the last five (5) years, which demonstrate their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractor**

If subcontractors are to be used, including consultants, Bidders must complete **Appendix D** (Subcontractor Form) 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. **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) | Subcontractor Form |
| Three (3) | Organizational Chart |
| Four (4) | Litigation Form |
| Five (5) | Financial Viability |
| Six (6) | Certificate of Insurance |

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

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

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

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

Attachments 7 – 9 must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 9 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

**Section IV Cost Proposal and Budget Narrative** (File #4)

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the period starting 10/1/2025 and ending on 6/30/2027.
     2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
     3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

1. Bidders must fill out **Appendix G** (Cost Proposal and Budget Narrative), 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 disqualification or reduction in scoring of the cost proposal, 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.

**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.
   4. Changes to proposals, including updating or adding information, will not be permitted during any portion of the evaluation process. 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:** Proposal scores 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**  Proposal materials to be evaluated in this section: all elements addressed in Part IV, Section I of the RFP. | **No Points** |
| **Section II.** | **Organization Qualifications and Experience** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section II of the RFP. | **30 points** |
| **Section III.** | **Proposed Services**  Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section III of the RFP. | **40 points** |
| **Section IV.** | **Cost Proposal and Budget Narrative**  Proposal materials to be evaluated in this section:all elements addressed above in Part IV, Section IV of the RFP. | **30 points** |

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

The scoring formula is:

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

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

The remaining five (5) points allocated to the Budget Narrative (**Appendix G**) will be used to evaluate the responsiveness of the narrative material and supporting documentation for accuracy and reasonableness of the proposed cost (including, but not limited to, reviewing 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.

The complete set of standard State of Maine Service Contract documents, along with other forms and contract documents commonly used by the State, may be found on the [Office of State Procurement Services forms](https://www.maine.gov/dafs/bbm/procurementservices/forms) website.

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 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** – Responsible Bidder Certification

**Appendix C** – Qualifications and Experience Form

**Appendix D** – Subcontractor Form

**Appendix E** – Litigation Form

**Appendix F** – Response to Proposed Services

**Appendix G** – Cost Proposal and Budget Narrative

**Appendix H** – Provide Packet Template

**Appendix I** – System of Care Core Values and Principles

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

**Appendix K** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PROPOSAL COVER PAGE**

**RFP# 202503046**

**Family Peer Support Statewide Network**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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*

**RESPONSIBLE BIDDER CERTIFICATION**

**RFP# 202503046**

**Family Peer Support Statewide Network**

|  |  |
| --- | --- |
| **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.*
6. *Is not a foreign adversary business entity (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*).*
7. *Is not on the list of prohibited companies (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*) or does not obtain or purchase any information or communications technology or services included on the list of prohibited information and communications technology and services* [*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies) *(Title 5 §2030-B).*

|  |  |
| --- | --- |
| **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# 202503046**

**Family Peer Support Statewide Network**

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

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

|  |
| --- |
| **Provide a description of three (3) 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. Contract history with the State of Maine, whether positive or negative, may be considered in evaluating 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** |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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*

## SUBCONTRACTOR FORM

**RFP# 202503046**

**Family Peer Support Statewide Network**

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

|  |
| --- |
| **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# 202503046**

**Family Peer Support Statewide Network**

|  |  |
| --- | --- |
| **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

**RFP# 202503046**

**Family Peer Support Statewide Network**

**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**

**RFP# 202503046**

**Family Peer Support Statewide Network**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Proposed Cost:** | **$** |

Bidders must submit a cost proposal that includes the cost necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements. The proposed cost must be presented using the Department’s Cost Settle Budget form.

The Total Expenses on Form 2 Expense Summary will be used to score the cost proposal as defined in Part V, B.3. of the RFP.

**The Cost Proposal form may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

****

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

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|  |
| --- |
| **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*

**PROVIDER PACKET TEMPLATE**

**RFP# 202503046**

**Family Peer Support Statewide Network**

**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*

**SYSTEM OF CARE CORE VALUES AND PRINCIPLES**

**RFP# 202503046**

**Family Peer Support Statewide Network**

**The System of Care Core Values and Principles may be obtained in a PDF (.pdf) format by double clicking on the document icon below.**

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**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**NOTICE OF INTENT TO BID**

**RFP# 202503046**

**Family Peer Support Statewide Network**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** |

**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**SUBMITTED QUESTIONS FORM**

**RFP# 202503046**

**Family Peer Support Statewide Network**

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.

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

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