**STATE OF MAINE REQUEST FOR PROPOSALS**



**RFP SUBMITTED QUESTIONS & ANSWERS SUMMARY**

|  |  |
| --- | --- |
| **RFP NUMBER AND TITLE:** | RFP#202504062 Network of Behavioral Health Crisis Receiving Centers |
| **RFP ISSUED BY:** | Department of Health and Human Services, Office of Behavioral Health |
| **SUBMITTED QUESTIONS DUE DATE:** | May 1, 2025, no later than 11:59 p.m., local time |
| **QUESTION & ANSWER SUMMARY ISSUED:** | May 6, 2025 |
| **PROPOSALS DUE DATE:** | May 15, 2025, no later than 11:59 p.m., local time |
| **PROPOSALS DUE TO:** | [Proposals@maine.gov](mailto:Proposals@maine.gov) |

**Provided below are submitted written questions received and the Department’s answer.**

|  |  |  |
| --- | --- | --- |
| **1** | **RFP Section & Page Number** | **Question** |
| Part I, C.  page 9 | Are the Provider Agreement and license required only at bid submission, or can an agency pursue the Provider Agreement and license  after awarded, and submit the Provider Agreement and license once obtained? |
| **Answer** | |
| Bidders must have a MaineCare Provider Agreement and a current Mental Health Agency license through the Department’s Division of Licensing and Certification’s Behavioral Health Program in order to submit a bid. | |

|  |  |  |
| --- | --- | --- |
| **2** | **RFP Section & Page Number** | **Question** |
| Part III  page 28 | 1. Does the state have any site locations in mind for either or both counties’ centers? 2. Will provider be occupying a currently existing facility? If yes, what is the square footage of the location? 3. If there is an existing space, are there chairs already at the location? How many? How old are they? 4. If there is an existing space, is there a kitchen located at the location? What are, and how old are the appliances? 5. If there is an existing space, is there a laundry room and how old are the appliances? |
| **Answer** | |
| No, Bidders must provide the Physical Location of the Proposed Behavioral Health Crisis Receiving Center, refer to **Appendix G**, Response to Proposed Services Form as well as propose a plan for meeting all requirements outlined in the RFP (i.e. chairs, appliances, laundry, etc. as applicable). | |

|  |  |  |
| --- | --- | --- |
| **3** | **RFP Section & Page Number** | **Question** |
| Part III  page 28 | 1. Is rent (lease) covered by funder? If no, what is the typical monthly lease expense? 2. Are utilities covered by the funder? If no, what are the typical monthly utility expenses? 3. Are janitorial services covered by the funder? If no, what are typically janitorial costs per month? 4. If there is an existing space, will building maintenance be supported by the funder? 5. If there is an existing space, is there an existing security system with cameras at the facility? Does the provider need to pay for a monthly software/service/license for the security? 6. If there is an existing space, does the provider need to pay for parking spaces or are they included? |
| **Answer** | |
| Bidders must include all costs associated with the start-up of the Behavioral Health Crisis Receiving Center and the costs for providing the Crisis Center Services, refer to **Appendix H**. | |

|  |  |  |
| --- | --- | --- |
| **4** | **RFP Section & Page Number** | **Question** |
| Part II, N.4. page 19 | Is there a certain EHR software that the funder requires the provider to use? |
| **Answer** | |
| It is at the Bidder’s discretion. | |