**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Behavioral Health*



**RFP# 202502020**

**Adolescent Residential Treatment Services**

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| --- | --- | --- | --- |
| **RFP Coordinator** | **NAME:** | | Stacy Martin |
| **TITLE:** | | Procurement Manager |
| **EMAIL:** | | [Stacy.martin@maine.gov](mailto:Stacy.martin@maine.gov) |
| *All communication regarding the RFP must be made through the RFP Coordinator.* | | | |
| **Informational Meeting** | | **DATE:** | March 25, 2025 |
| **TIME:** | 1:00 pm local time, ET. |
| **LOCATION:** | Zoom Meeting link [Web Link for RFP 202502020](https://mainestate.zoom.us/j/85273266784?pwd=h2fWZjoql2bFW8ChW6IhNE3xCQ9vYL.1) Meeting ID: 852 7326 6784 or by phone at 1-646-876-9923 using the Meeting ID provided. |
| **Submitted Questions Due Date** | | | March 27, 2025, no later than 11:59 p.m., local time, EST. |
| *All questions must be received by the RFP Coordinator by the date and time listed above.* | | | |
| **Notice of Intent to Bid Due Date** | | | April 23, 2025, no later than 11:59 p.m., local time, EST. |
| *All notice of intents must be received by the RFP Coordinator by the date and time listed above.* | | | |
| **Proposal Submission Deadline** | | **DATE:** | April 30, 2025, no later than 11:59 p.m., local time, EST. |
| **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# 202502020**

**Adolescent Residential Treatment Services**

The State of Maine is seeking proposals for Adolescent Residential Treatment Services.

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 March 25, 2025 at 1:00 pm local time, at the following location: <https://mainestate.zoom.us/j/85273266784?pwd=h2fWZjoql2bFW8ChW6IhNE3xCQ9vYL.1>

Proposals must be submitted to the Office of State 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 April 30, 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** |
| --- | --- |
| **Adolescent** | An individual who is between the ages of thirteen (13) and eighteen (18). |
| **Adolescent Community Reinforcement Approach (A-CRA)** | A developmentally appropriate behavioral treatment for youth and young adults with Substance Use Disorders (SUD). A-CRA seeks to increase the family, social, and educational/vocational reinforcers to support recovery. A-CRA intervention has been implemented in outpatient, intensive outpatient, and residential treatment settings. A-CRA includes guidelines for three (3) types of sessions: individuals alone, parents/caregivers alone, and individuals and parents/caregivers together. According to the individual’s needs and self-assessment of happiness in multiple life areas, clinicians choose from a variety of A-CRA procedures that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in positive social and recreational activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. |
| **Adolescent Residential Rehabilitation Services (ARRS)** | As defined in the MaineCare Benefits Manual [10-144 C.M.R. Ch. 101, Ch. II, § 97.08-1(E)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK). |
| **ASAM** | [American Society of Addiction Medicine](https://www.asam.org/) |
| **ASAM 3** | The ASAM Criteria is a collection of objective guidelines that give clinicians a way to standardize treatment planning and where patients are placed in treatment, as well as how to provide continuing, integrated care and ongoing service planning. |
| **ASAM Level 3.5, Clinically Managed Medium Intensity Residential Services (Adolescent Criteria)** | A twenty-four (24) hour live-in setting which provides a safe and stable living environment to Adolescents ages thirteen (13) to eighteen (18). Adolescents learn to form a healthy peer group and develop recovery skills which assist in overcoming adversity. Services are staffed by trained substance use and mental health professionals who are adept in modeling prosocial behavior and adaptive patterns of emotional responsiveness. ASAM Level 3.5 may be offered in a freestanding, appropriately licensed facility located in a community setting or specialty unit within a licensed health care facility. |
| **ASAM 4** | The fourth edition reorders the dimensions from the third edition. The fourth edition includes a new Dimension 6: Person-Centered Considerations consider barriers to care (including social determinants of health), patient preferences, and need for motivational enhancement. Refer to: [American Society of Addiction Medicine](https://www.asam.org/).The ASAM 4 does not include Adolescent criteria at this time; however, there is “[Proposed Framework for the Adolescent and Transition Age Youth Volume of The ASAM Criteria – 4th Edition](https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/quality-science/proposed-framework-adolescent-volume-asam-criteria_final-for-public-comment-121523.pdf?sfvrsn=cbe1dd7d_1)” which is anticipated to be published in early 2026. |
| **ASAM 4 Level 3.5Y** | A twenty-four (24) hour live-in setting which provides a safe and stable living environment to Adolescents. The scope of services will be defined with the release of the [Adolescent and Transition Age Youth Volume of The ASAM Criteria – 4th Edition](https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/quality-science/proposed-framework-adolescent-volume-asam-criteria_final-for-public-comment-121523.pdf?sfvrsn=cbe1dd7d_1). |
| **Assertive Continuing Care (ACC)** | Uses [Community Reinforcement Approach (CRA)](https://www.chestnut.org/ebtx/treatments-and-research/treatments/cra/) procedures, home visits, and case management for individuals following an initial substance use treatment episode. ACC stresses rapid initiation of services after discharge from residential, intensive outpatient, or regular outpatient treatment in order to promote recovery and prevent relapse. |
| **Care Coordination** | Coordination between the Adolescent and those involved in the Adolescent’s care/treatment to ensure the Adolescent receives necessary services. |
| **CBHS** | The Department’s Children’s Behavioral Health Services |
| **Co-Occurring** | Any simultaneous diagnosis, by a licensed clinician, to an individual, of any combination of one (1) or more SUD and one (1) or more mental disorder, as identified in the [Diagnostic and Statistical Manual of Mental Disorders](https://www.psychiatry.org/psychiatrists/practice/dsm), current Edition. |
| **Comprehensive Assessment** | An integrated evaluation of the Adolescent’s medical and psychosocial needs, including Co-Occurring mental health and substance use needs to determine the need for treatment and/or referral, and to establish the appropriate intensity and level of care. |
| **Department** | Maine’s Department of Health and Human Services |
| **Discharge Summary** | As defined in the MBM [10-144 C.M.R. Ch. 101, Ch. II, § 97.07-7](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK) |
| **Evidence Based Practices (EBP)** | Prevention or treatment practices that are based on valid and reliable evidence demonstrating improved treatment outcomes for individuals with similar presenting problems. |
| **Individual Treatment Plan (ITP)** | As defined in the MBM [10-144 C.M.R. Ch. 101, Ch. II, §97.01-7](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK) |
| **Medically Needy Deductible** | As defined in the MBM [10-144 C.M.R. Ch. 332, Part 10, § 3](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch332%2F144c332-sans-extras.docx&wdOrigin=BROWSELINK) |
| **Mental Health Clinician** | A licensed or conditionally-licensed Psychologist, Psychiatrist, Licensed Clinical Professional Counselor (LCPC, LCPC-C), Licensed Clinical Social Worker (LCSW, LMSW-CC), or Licensed Marriage and Family Therapist (LMFT, LMFT-C). |
| **Recovery Support Services** | Planned community reinforcement designed to foster prosocial values and community living skills; and a Therapeutic Milieu that includes support, structure, and consistency. |
| **Reportable Event** | An occurrence that affects the health or safety of the resident or others or a breach of a resident’s rights that results, or could result, in a harmful or undesirable outcome. Reportable Event categories and requirements are identified in the Reportable Events Matrix. |
| [**Reportable Events Matrix**](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Reportable%20Events%20Matrix_1.pdf) | A document describing Reportable Events and the process and timelines for reporting Reportable Events to CBHS. |
| **RFP** | Request for Proposals |
| **Room and Board** | Includes building capital and operating expenses (i.e. mortgage/lease, utilities, maintenance), cable and internet services, groceries, and supplies not otherwise billable to Medicaid. |
| **State** | State of Maine |
| **Substance Use Clinician** | A [Certified Alcohol and Drug Counselor or Licensed Alcohol and Drug Counselor](https://www.maine.gov/pfr/professionallicensing/professions/adc/licensing-and-forms). |
| **Substance Use Disorder (SUD)** | As defined by the [Diagnostic and Statistical Manual of Mental Disorders](https://www.psychiatry.org/psychiatrists/practice/dsm), most recent edition. |
| **Therapeutic Milieu** | A safe and secure treatment environment that provides structured programming in a holistic person-centered approach and uses community dynamics to promote healing in a multipronged fashion. |
| **Utilization Review** | As defined in the MBM [10-144 C.M.R. Ch. 101, Ch. II, §97.01-22](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK) |

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**RFP# 202502020**

**Adolescent Residential Treatment Services**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking Adolescent Residential Treatment Services 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. The Department’s Children’s Behavioral Health Services (CBHS) facilitates the provision of services for the benefit of Maine children, youth, and families.

As a result of this RFP, Adolescent Residential Treatment Services will be provided to Adolescents assessed as having a Substance Use Disorder (SUD) and who meet the criteria for the ASAM Level 3.5, Clinically Managed Medium Intensity Residential Services (Adolescent Criteria) as written in the ASAM 3. This level of service shall be primarily geared towards Adolescents who have a constellation of issues (e.g. substance use, delinquency, juvenile justice involvement, family issues, mental health challenges) and who require a treatment modality with “intensity and persistence over extended periods of time… Modeling pro-social behavior and adaptive patterns of emotional responsiveness…Likened to surrogate or remedial parenting.”

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. **Eligibility to Submit a Bid**

In order to submit a bid in response to this RFP, Bidders must have a minimum of three (3) years’ experience delivering residential treatment services in any setting.

1. **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 and Operational Requirements**
   * + 1. Obtain, prior to the start of the initial period of performance, and maintain a license and comply with licensing requirements to operate a substance use treatment facility providing Adolescent Residential Rehabilitation Services (ARRS) which is considered a children’s residential care facility, per [10-148 C.M.R. Ch. 35](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F148%2F148c035.docx&wdOrigin=BROWSELINK) – children’s residential care facilities licensing rules.
       2. Maintain compliance with Appendix B Substance Use Treatment Facilities providing ARRS, pursuant to the MaineCare Benefits Manual, [10-144 C.M.R Ch. 101, Ch. 2 §97](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK).
       3. Provide ASAM Level 3.5, Clinically Managed Medium Intensity Residential Services (Adolescent Criteria) in group residential settings.
       4. Provide and maintain Room and Board services.
       5. 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, 19. Insurance Requirements.
2. **Staffing Requirements and Training**
3. Maintain staffing requirements associated with the “License/Certificate” to operate a substance use treatment facility providing ARRS which is considered a children’s residential care facility, per [10-148 C.M.R. Ch. 35](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F148%2F148c035.docx&wdOrigin=BROWSELINK) – children’s residential care facilities licensing rules.
4. Maintain qualified staff, as required by [10-144 C.M.R Ch. 101, Ch. 2, §97.07-2](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK), including:
   1. One (1) licensed Mental Health Clinician; and
   2. At least one (1) [Licensed Alcohol and Drug Counselor (LADC)](https://www.maine.gov/pfr/professionallicensing/professions/adc/licensing-and-forms).
5. Ensure Substance Use Clinicians and Mental Health Clinicians are enrolled in and complete the Department training opportunities (or by other arrangements as approved by the Department) related to the Adolescent Community Reinforcement Approach (A-CRA) and Assertive Continuing Care (ACC) within the allowed timeframe as established by the Department.
6. **Adolescent Eligibility**
7. Perform a Comprehensive Assessment on each Adolescent seeking to receive ARRS according to [10-144 C.M.R. Ch. 101 Ch. 2 §97.02-3 & 97.07-3](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK).
   1. Ensure the Comprehensive Assessment includes a mental health needs assessment and the results of the ASAM 3.
8. Provide ARRS only to Adolescents who meet the “Medical Necessity” requirements and the “Medical Eligibility for Appendix B: Substance Abuse Facilities” requirements under MaineCare Benefits Manual, [10-144 C.M.R. Ch. 101 Ch. 2 §97.02-3](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK).
9. Comply with any Utilization Review to assure medical necessity of ARRS services per [10-144 C.M.R. Ch. 2 §97.01-22](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK).
10. **Health Insurance Coverage Screening and Billing Methods**
11. Determine if eligible Adolescents possess private health insurance, is a MaineCare member, and/or has health insurance coverage through the federal Medicare program prior to providing services. If it is determined that the Adolescent:
    * + - 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 until the Medically Needy Deductible is met. Once the Medically Needy Deductible has been met, then MaineCare shall be billed for any further services. 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 Adolescent’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 Department may be billed.
          5. Is a MaineCare Member who also has health insurance coverage through Medicare (i.e., Dual Eligible), bill Medicare first for all services 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 are not reimbursable by Medicare, bill MaineCare for the services. No further payments will be made.
          6. Is neither a MaineCare Member nor has health insurance coverage through Medicare or a private health insurance carrier, then the Adolescent is considered uninsured, and the Department shall be billed for all services.

Ensure Adolescents without MaineCare or private insurance are assisted in applying for MaineCare benefits within fourteen (14) calendar days.

1. A prior approval process will be developed between the Department and the awarded Bidder to support eligible Adolescents without MaineCare or adequate private insurance.
2. Ensure reimbursements received from a private health insurance carrier plus any reimbursement received from the Department does not exceed the approved MaineCare rate.
3. If an Adolescent receives services that are eligible for retroactive MaineCare coverage under [10-144 C.M.R. Ch. 332, Part 2, § 13.4](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2F144c332.docx&wdOrigin=BROWSELINK), credit the amount of any such retroactive reimbursement received from MaineCare to the funds.
4. Manage funds so Adolescents receiving services are not prematurely discharged when the clinical need for the service is still present. If an Adolescent receives services that are eligible for retroactive MaineCare coverage under [10-144 C.M.R. Ch. 332, Part 2, § 13.4](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2F144c332.docx&wdOrigin=BROWSELINK), credit the amount of any such retroactive reimbursement received from MaineCare to the funds.
5. **Services to be Provided to Eligible Adolescents**
   * + 1. Provide ARRS according to [10-144 C.M.R. Ch. 101, Ch. II, § 97](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK) and [10-148 C.M.R. Ch. 35](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F148%2F148c035.docx&wdOrigin=BROWSELINK) – children’s residential care facilities licensing rules.
       2. Provide ARRS according to [10-144 C.M.R. Ch. 101, Ch. 2 §97.08-1(E)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK) and the Individual Treatment Plan (ITP), for as long as is medically necessary.
       3. Provide ASAM 3 Level 3.5 – Clinically Managed Medium Intensity Residential Services (Adolescent Criteria) twenty-four (24) hours per day, seven (7) days per week, including but is not limited to:
          1. Weekly individual and group therapy using approved Evidence Based Practices (EBP).
          2. Family work to include services for the Adolescent’s family.
          3. Motivational enhancement and engagement strategies.
          4. Medication monitoring.
          5. Planned community reinforcement activities.
       4. Upon release, provide ASAM 4 Level 3.5Y – Youth Residential Treatment, 24/7/365; which may include but is not limited to:
          1. Greater than or equal to (≥20) hours of clinical services per week.
          2. Daily structured services.
          3. Nursing care.
          4. Psychosocial Services.
          5. Therapeutic Milieu.
          6. Family services.
          7. Direct psychiatric services.
          8. Formal Care Coordination.
          9. Recovery Support Services.
       5. Provide individualized family therapy weekly to all Adolescents unless clinically contraindicated. Exceptions must be approved by the Department.
          1. Provided family therapy to each Adolescents by either a licensed Substance Use Clinician or Mental Health Clinician.
          2. Facilitate family therapy sessions using A-CRA as well as other Department approved EBPs.
       6. Provide comprehensive mental health services for Adolescents with Co-Occurring Substance Use Disorders (SUDs) and mental health disorders.
          1. Address both substance use and mental health needs of Adolescents with Co-Occurring needs in an ITP and include the clinician providing the treatment and what EBPs will be used.

Ensure the ITP has clear connections between the substance use related goals and the mental health related goals.

* + - 1. Provide aftercare support using the ACC model for all Adolescents upon program completion/discharge.
         1. Offer ACC, if appropriate, to Adolescents that do not complete the program and are discharged.
         2. Document all determinations and outcomes within each Adolescent’s file.
      2. Provide Room and Board to each Adolescent.

1. **Administrative Documentation Requirements**
2. Maintain records, according to [10-144 C.M.R. Ch. 101, Ch. 2 §97.07-4](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK), for each Adolescents receiving ARRS.

Implementing risk assessment and vulnerability scanning policies and procedures for collecting sensitive electronic information (PII, PHI, and/or other confidential data) as part of the service delivery under the contract awarded under this RFP, at minimum 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).

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.

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, 30. Confidentiality.

1. Enter all Adolescents into the Department’s designated system, [Atrezzo](https://me.acentra.com/).
   1. Comply with the MaineIT [Rules of Behavior](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RulesofBehavior.pdf) Policy.
2. Participate in quality assurance reviews conducted by CBHS including on-site and/or document quality reviews which may result in quality improvement recommendations per [10-144 C.M.R. Ch. 101, Ch. 2 §97.07-G2](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK).
3. Demonstrate utilization of the Federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) System of Care Principles per [10-144 C.M.R. Ch. 101, Ch. 2 §97.07-G3](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK).
4. Demonstrate delivery of Trauma-Informed Care including completion of a trauma-informed agency assessment, incorporation of trauma-informed care into polices/procedures and staff training in trauma-informed care per [10-144 C.M.R. Ch. 101, Ch. 2 §97.07-G4.](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK)
5. Adhere to Reportable Events standards per [10-144 C.M.R. Ch. 101, Ch. 2 §97.07-G5](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK) and [10-148 C.M.R. Ch. 35](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F148%2F148c035.docx&wdOrigin=BROWSELINK) Children’s Residential Care Facility Licensing Rule.
6. Perform a Discharge Summary for each Adolescent receiving ARRS, according to [10-144 C.M.R. Ch. 101, Ch. 2 §97.07-7](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s097.docx&wdOrigin=BROWSELINK).
7. Survey all Adolescents who have received ARRS ninety (90) calendar days after discharge using the Post-Discharge Ninety (90) Day Review Form (**Appendix J**).
8. Provide a monthly Census and Discharge Report (**Appendix K**) and include any admissions and discharges during the month, including:
9. Date of discharge;
10. Where the Adolescent is discharged to (i.e., home, transitional living program, etc.);
11. If the Adolescent was employed and where;
12. What educational/vocational program the Adolescents was enrolled in and where;
13. Referrals made by the awarded Bidder; and
14. Referrals made for community-based or outpatient services in coordination of the discharge plan with the Adolescent, their family, their care coordinator, and additional community service providers, as applicable.
15. **Performance Measures**
16. 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 I** (Performance Measure Report Template) or via a third-party data source, as indicated within the performance measure data source column of **Table 1**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Mandatory Performance Measures** | | | |
|
| **Performance Measure** | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| **a.** | Eighty percent (80%) of Adolescents complete at least sixty-six percent (66%) of their ITP goals at time of discharge. | Quarterly | Performance Measures Report |
| **b.** | Eighty percent (80%) of Adolescents are discharged in a planful way upon completion of ITP goals and a clinical recommendation indicting the Adolescents is ready for discharge. | Quarterly | Performance Measures Report |
| **c.** | Eighty percent (80%) of Adolescents are referred to appropriate medically necessary service(s) at discharge. | Quarterly | Performance Measures Report |
| **d.** | Eighty percent (80%) of Adolescents are discharged to a community-based, stable housing situation. This does not include discharges to a correctional facility, crisis unit, homeless shelter, or children’s residential care facility. | Quarterly | Performance Measures Report |
| **e.** | Eighty percent (80%) of Adolescents are employed or enrolled in a community-based vocational/educational program at the time of discharge. This does not include discharges to a correctional facility, crisis unit, homeless shelter, or children’s residential care facility. | Quarterly | Performance Measures Report |
| **f.** | Seventy-five percent (75%) of Adolescents participate in A-CRA. | Quarterly | Performance Measures Report |
| **g.** | One hundred percent (100%) of staff participate in training to address Adolescents engagement within ninety (90) calendar days of hire. | Quarterly | Performance Measures Report |
| **h.** | One hundred percent (100%) of Adolescents participate in family therapy unless there is a documented clinical exception approved by the Department. | Quarterly | Performance Measures Report |
| **i.** | One hundred percent (100%) of Adolescents discharged at program completion have aftercare support in the form of ACC. | Quarterly | Performance Measures 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.** | Reportable Events | Entered in the Department [Enterprise Information System](https://www.maine.gov/dhhs/ocfs/provider-resources/staff-development-training/eis) |
| **b.** | Performance Measures Report | **Appendix I** |
| **c.** | Post-Discharge Ninety (90) Day Review | **Appendix J** |
| **d.** | Department On-Site Visit | At the Department’s discretion. |
| **e.** | Census and Discharge Report | **Appendix K** |
| **f.** | Monthly 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). |
| **g.** | Contract Closeout Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents). |

# 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.** | Reportable Events | Per each incident | Refer to the Reportable Events Matrix |
| **b.** | Performance Measures Report | Each quarter | Thirty (30) calendar days after the end of each quarter |
| **c.** | Post-Discharge Ninety (90) Day Review. | As needed | Ninety (90) calendar days post discharge for each Adolescents. |
| **d.** | Department On-Site Visit | Point-in-time | Annually, at the Department’s discretion |
| **e.** | Census and Discharge Report | Monthly | Five (5) calendar days after the end of each month. |
| **f.** | Monthly Report of Revenue and Expenses | Monthly | Twenty (20) calendar days after the end of each month. |
| **g.** | 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 M** (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 L** - 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# 202502020 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)

**APPENDIX C** (Eligibility to Submit a Bid)

All required eligibility documentation stated in PART IV, Section I, should be included in one (1) PDF file.

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

*PDF format preferred*

**APPENDIX D** (Qualifications and Experience Form)

**APPENDIX E** (Subcontractor Form), if applicable

**APPENDIX F** (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 G** (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 and PDF format preferred*

**APPENDIX H** (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.

* 1. **Eligibility Requirements**

Bidders must provide documentation to demonstrate meeting eligibility requirements stated in PART I, C. of the RFP. This documentation includes:

1. **APPENDIX C** (Eligibility to Submit a Bids)

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

* 1. **Overview of the Organization**

Bidders must complete **APPENDIX D** (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 E** (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. **Project Team Organizational Chart**

Bidders must provide a legible organizational chart of the project team including 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 G** (Response to Proposed Services).

* 1. **Litigation**

Bidders must complete **APPENDIX F** (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 F** (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 G** (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 H** (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. **Allowable/Non-Allowable Use of Funds**
   * 1. **Allowable Use of Funds includes:**
        1. Room and Board costs;
           1. Building capital and operating expenses (i.e., mortgage/lease, utilities, maintenance;
           2. Child expenses, including but not limited to:

Recreational activities; and

Food.

* + - 1. Clinical consultation of the Mental Health Clinician; and
      2. Specific training approved by the Department.
    1. **Non-Allowable Use of Funds includes:**

Any cost component included in the MaineCare rate for the service outlined in the contract resulting from this RFP.

1. **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 – Eligibility Requirements)** |
| **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. | **(25 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. | **(45 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:** For proposals that demonstrate meeting the eligibility requirements in Section I, 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 H**) 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** – Eligibility to Submit a Bid

**APPENDIX D** – Qualifications and Experience Form

**APPENDIX E** – Subcontractor Form

**APPENDIX F** – Litigation Form

**APPENDIX G** – Response to Proposed Services

**APPENDIX H** – Cost Proposal and Budget Narrative

**APPENDIX I** – Performance Measure Report Template

**APPENDIX J** – Post-Discharge Ninety (90) Day Review Form

**APPENDIX K** – Census and Discharge Report

**APPENDIX L** – Notice of Intent to Bid

**APPENDIX M** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PROPOSAL COVER PAGE**

**RFP# 202502020**

**Adolescent Residential Treatment Services**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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# 202502020**

**Adolescent Residential Treatment Services**

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

## ELIGIBILITY TO SUBMIT A BID

**RFP# 202502020**

**Adolescent Residential Treatment Services**

|  |  |  |
| --- | --- | --- |
| **Bidder’s Organization Name:** |  | |
| **Eligibility Certification**  Bidders must have a minimum of three (3) years’ experience delivering residential treatment services in any setting. | | |
| 1. Does the Bidder must have a minimum of three (3) years’ experience delivering residential treatment services in any setting? | | Yes or  No |
| *Demonstrate the Bidder’s qualifying experience by describing in detail the specific experience and the specific timeframes in which the experience was gained.*  *If experience is included in one (1) or more projects listed in APPENDIX D, identify which project(s) is relative to meeting the eligibility requirements.* | | |
|  | | |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202502020**

**Adolescent Residential Treatment Services**

|  |  |
| --- | --- |
| **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:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Two** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Three** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## SUBCONTRACTOR FORM

**RFP# 202502020**

**Adolescent Residential Treatment Services**

|  |  |
| --- | --- |
| **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 F**

**State of Maine**

**Department of Health and Human Services**

## *Office of Behavioral Health*

## LITIGATION FORM

**RFP# 202502020**

**Adolescent Residential Treatment Services**

|  |  |
| --- | --- |
| **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 G**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## RESPONSE TO PROPOSED SERVICES

**RFP# 202502020**

**Adolescent Residential Treatment Services**

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

****

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**COST PROPOSAL AND BUDGET NARRATIVE**

**RFP# 202502020**

**Adolescent Residential Treatment Services**

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

* + 1. **Allowable Use of Funds includes:**
       1. Room and Board costs:
  1. Building capital and operating expenses (i.e., mortgage/lease, utilities, maintenance;
  2. Child expenses, including but not limited to:

Recreational activities; and

Food.

* + - 1. Clinical consultation of the Mental Health Clinician; and
      2. Specific training approved by the Department.
    1. **Non-Allowable Use of Funds includes:**

Any cost component included in the MaineCare rate for the service outlined in the contract resulting from this 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.**



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

**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202502020**

**Adolescent Residential Treatment Services**

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



**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**POST-DISCHARGE NINETY (90) DAY REVIEW FORM**

**RFP# 202502020**

**Adolescent Residential Treatment Services**

**The post-discharge ninety (90) day review form may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

****

**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**CENSUS AND DISCHARGE REPORT**

**RFP# 202502020**

**Adolescent Residential Treatment Services**

**The census and discharge report may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

****

**APPENDIX L**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**NOTICE OF INTENT TO BID**

**RFP# 202502020**

**Adolescent Residential Treatment Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 M**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**SUBMITTED QUESTIONS FORM**

**RFP# 202502020**

**Adolescent Residential Treatment Services**

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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