**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Child and Family Services*



**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

|  |  |
| --- | --- |
| **RFP Coordinator** | *All communication regarding the RFP must be made through the RFP Coordinator identified below*.**Name:** Brittany Hall **Title:** Procurement Administrator**Contact Information:** Brittany.hall@maine.gov  |
| **Informational Meeting** | **Date:** March 6, 2024 **Time:** 10:00 a.m., local time**Location:** ZOOM Meeting Link: [Web Link for RFP 202402041](https://mainestate.zoom.us/j/81320111609?pwd=b0hJYUg3aW5FeEIvYkRibnZ1UEpKZz09) Meeting ID: 813 2011 1609, or by phone at 1-646-876-9923 using Meeting ID provided.  |
| **Submitted Questions Due** | *All questions must be received by the RFP Coordinator identified above by:***Date:** March 7, 2024, no later than 11:59 p.m., local time |
| **Notice of Intent to Bid** | *All notice of intents must be received by the RFP Coordinator identified above by:***Date:** March 22, 2024, no later than 11:59 p.m., local time |
| **Proposal Submission****Deadline** | *Proposals must be received by the Division of Procurement Services by:***Submission Deadline:** April 1, 2024, no later than 11:59 p.m., local time.*Proposals must be submitted electronically to*:Proposals@maine.gov |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

The State of Maine is seeking proposals for Integrated Treatment and Recovery Services for Families (ITRSF).

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

An Information Meeting will be held on March 6, 2024, at 10:00 a.m., local time at the following location: <https://mainestate.zoom.us/j/86212356234?pwd=cVFjd09QQ01UdFFJaEhtWXJCcWpKZz09> using Meeting ID: 813 2011 1609, or by phone at 1-646-876-9923 using Meeting ID provided.

Proposals must be submitted to the State of Maine Division of Procurement Services, via e-mail, at: Proposals@maine.gov. Proposal submissions must be received no later than 11:59 p.m., local time, on April 1, 2024. Proposals will be opened the following business day. Proposals not submitted to the Division of Procurement Services’ aforementioned e-mail address by the aforementioned deadline will not be considered for contract award.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**RFP TERMS/ACRONYMS with DEFINITIONS**

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

| **Term/Acronym** | **Definition** |
| --- | --- |
| [**Atrezzo**](https://me.kepro.com/) | Collects admission, program enrollment, units, waitlist, and discharge data on clients in substance use treatment.  |
| [**Critical Incident**](https://www.maine.gov/dhhs/oms/providers/provider-bulletins/attention-providers-adult-behavioral-health-services-updated-critical-incidents-definitions) | Includes:1. **Level I** - incidents are events that result in death or serious injury or that significantly jeopardize clients, public safety, or program integrity.
2. **Level II** - incidents include significant errors or undesirable events that compromise quality of care or client safety.
 |
| **Department** | Department of Health and Human Services |
| **Evidence-Based Practice** | Prevention or treatment practices based on valid and reliable evidence demonstrating improved treatment outcomes for individuals with similar presenting problems. |
| **Health Insurance Portability and Accountability (HIPAA)**  | As defined in [Public Law 104-191](https://www.gpo.gov/fdsys/pkg/PLAW-104publ191/html/PLAW-104publ191.htm). |
| **Home Support** | 1. Guidance provided to Participants regarding all housing-related concerns, including but not limited to:
2. Locating appropriate, affordable housing that satisfies the Participant’s needs;
3. Assisting families with low incomes to apply for federal housing programs like Section 8 or public housing;
4. Collaborating with other service providers to make sure Participants get all the necessary and required assistance;
5. Putting together a strategy for Participants to address their housing needs over time; and
6. Assisting Participants in locating financial resources that are accessible to them through federal government aid programs, community organizations, and other options.
7. Assistance provided to Participants with self-care, activities of daily living (ADLs), and independent living skills necessary for independent living, including but not limited to:
8. Budgeting;
9. Meal planning and preparation;
10. How to make decisions on what they need in a home and who will live with them;
11. Safety skills;
12. Child proofing;
13. Neighbor relationships;
14. Home maintenance; and
15. Cleaning skills.
 |
| **Integrated Treatment and Recovery Services for Families (ITRSF)** | Services provided to Participants with stable housing and comprehensive services that support Recovery and unification with the Participant’s child(ren), including: 1. Care coordination;
2. Health care;
3. Child care;
4. Early childhood education;
5. Home Support;
6. After-school programming;
7. Parenting Education;
8. Treatment for mental health and substance use;
9. Postsecondary education;
10. Community-based transportation; and
11. Employment supports.
 |
| **Parenting Education** | Focuses on child development and the parent’s role and responsibility to the child. Parenting Education offers strategies, tools, and insight for observing, interpreting, and responding to children's behaviors, and provides guidance in developing a positive parent-child relationship, skills needed to effectively parent, communicate with, supervise and nurture their children, and reducing the risk of abuse and neglect. |
| **Participant** | A mother affected by substance use who has at least one (1) child under ten (10) years of age when entering and participating in ITRSF. |
| **Peer Recovery Coach** | An individual in long-term Recovery or a Recovery ally who has successfully completed the thirty (30) hour [Connecticut Community for Addiction Recovery (CCAR)](https://ccar.us/) Recovery Coach Academy training. Recovery Coaches provide mentoring, resource navigation assistance, and general recovery support to individuals and families. |
| **PHI** | Protected Health Information  |
| **Recovery** | A process through which an individual improves their health and wellness, lives a self-directed life, and strives to reach their full potential. |
| **RFP** | Request for Proposal |
| **State** | State of Maine |
| **Trauma-informed** | A practice approach in social services that recognizes and responds to the impact of traumatic stress on individuals, caregivers, and service providers.  |

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

*Office of Child and Family Services*

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking Integrated Treatment and Recovery Services for Families (ITRSF) as defined in this Request for Proposal (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the awarded Bidder will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine residents. The Department’s Office of Child and Family Services (OCFS) supports Maine’s children and their families by providing children’s development, behavioral health, and child welfare services.

In 2018, the Maine Legislature passed [L.D. 1771](https://legislature.maine.gov/legis/bills/getPDF.asp?paper=SP0658&item=3&snum=128) requiring the Department to *“develop and fund housing-based programs employing evidence-based strategies in a holistic approach to recovery for vulnerable families affected by substance abuse.”* Through this RFP, the Department intends to ensure ITRSF is provided to mothers, affected by substance use disorder who have at least one (1) child under ten (10) years of age when entering ITRSF, through an integrated family care model. ITRSF is intended to provide Participants with stable housing and comprehensive services that support recovery and unification with their children. In addition to providing direct ITRSF the awarded Bidder will be required to coordinate data collection to assess long-term recovery outcomes, transition to employment and independence for Participants. **Exhibit 1** provides historical data for the number of Participants served since July 1, 2020.

|  |
| --- |
| **Exhibit 1 – Historical Participant Data** |
| **Time Period** | **# of Participants Served Per Year** |
| July 1, 2020 – June 30, 2021 | 8 |
| July 1, 2021 – June 30, 2022 | 8 |
| July 1, 2022 – June 30, 2023 | 11 |
| July 1, 2023 – Current | 9 |
| **Total Participants Served**  | **36** |

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

In order to submit a bid in response to this RFP, Bidders and/or subcontractors must have a license/certification through the Department’s [Division of Licensing and Certification (DLC)](https://www.maine.gov/dhhs/dlc/licensing-certification/medical-facilities/hospitals) to operate in the State as a:

* 1. Mental Health Agency (as described in [14-193 C.M.R. Ch. 6](https://www.maine.gov/sos/cec/rules/14/193/193c006.doc)); or
	2. Substance Use Disorder Agency (as described in [14-118 C.M.R. Ch. 5](https://www.maine.gov/sos/cec/rules/14/118/118c005.doc)); or
	3. Hospital (as described in [10-144 C.M.R. Ch. 112](http://www.maine.gov/sos/cec/rules/10/144/144c112.doc)).
1. **Contract Term**

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

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

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

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 7/1/2024 | 6/30/2026 |
| Renewal Period #1 | 7/1/2026 | 6/30/2028 |
| Renewal Period #2 | 7/1/2028 | 6/30/2029 |

1. **Number of Awards**

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

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

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

1. **Operational Requirements**

Maintain a location capable of ensuring Integrated Treatment and Recovery Services for Families (ITRSF) are available to Participants.

Maintain a license/certification through the Department’s [Division of Licensing and Certification](https://www.maine.gov/dhhs/dlc/licensing-certification/medical-facilities/hospitals) to operate in the State as a:

Mental Health Agency (as described in [14-193 C.M.R. Ch. 6](https://www.maine.gov/sos/cec/rules/14/193/193c006.doc)); or

Substance Use Disorder Agency (as described in [14-118 C.M.R. Ch. 5](https://www.maine.gov/sos/cec/rules/14/118/118c005.doc)); or

Hospital (as described in [10-144 C.M.R. Ch. 112](http://www.maine.gov/sos/cec/rules/10/144/144c112.doc)).

Ensure all subcontractors providing mental health and/or substance use treatment services maintain applicable licensure/certification.

1. **Participant Eligibility Requirements**
2. Create and implement a Department-approved eligibility process for Participants to receive ITRSF, pursuant to [5 M.R.S.A. § 20054](https://www.mainelegislature.org/legis/statutes/5/title5sec20054.html), within thirty (30) calendar days of the start of the initial period of performance.
3. Maintain a waitlist for Participants of ITRSF, including but not limited to:
	1. Determining the method and frequency of notification to the Department; and
	2. Determining the criteria to be utilized for prioritizing and selecting Participants from the waitlist.
4. **ITRSF Requirements**

Create and implement, within sixty (60) calendar days of the start of the initial period of performance, a Department-approved Participant:

Enrollment and onboarding process; and

Discharge process, which includes at a minimum determining:

Successful completion; and

Early termination.

* + - 1. Develop, implement, and monitor a plan of care for each Participant including specific goals/objectives utilizing identified Evidence-Based Practices and strategies in a holistic approach to Recovery consistent with [10-144 C.M.R. Chapter 101, Ch. II, § 13.02](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s013.docx).
			2. Develop and implement Department-approved policies and inclusionary practices to ensure children at risk of disparities, and/or living with disabilities, and/or experiencing trauma are best served.
			3. Ensure the ITRSF and staff implementing ITRSF are Trauma-informed and culturally sensitive and inclusive.
			4. Ensure Participants have access to ITRSF services which meet their individual needs, specifically, ensure Participants:
	1. Have a scheduled appointment with primary care provider within ninety (90) calendar days of admission to ITRSF;
	2. Receive stable housing including Home Support, ensuring independent living within two (2) years of admission to ITRSF ;
	3. Receive Peer Recovery Coach services within thirty (30) calendar days of admission to ITRSF;
	4. Receive Parenting Education, including a plan for reunification of children when applicable, within thirty (30) calendar days of admission to ITRSF;
		1. Ensure Parenting Education consists of an evidence-based parenting program approved by the Department, such as [Triple P - Positive Parenting Program](https://www.triplep.net/glo-en/home/).
	5. Participate in competitive employment, educational, and/or career development programs within one-hundred eighty (180) days of admission to ITRSF;
	6. Remain in ITRSF until their specific plan of care, treatment, and Recovery goals/objectives have been reached related to the Participant’s mental health and substance use disorder;
	7. Have access to childcare, early childhood education, and after-school programming;
	8. Have access to community-based transportation;
	9. Have access to community-based services including, but not limited to, domestic violence and sexual assault response, financial services, and family support services; and
	10. Are provided aftercare support after discharge.
1. **Documentation Requirements**

Complete and submit Critical Incident reports, as outlined by the [Department’s Provider Forms webpage](https://www.maine.gov/dhhs/obh/providers/provider-forms) under Critical Incident Reporting and to the Department’s Program Manager via secure email, by following the Department’s process, for both a Level I and/or Level II incidents when a Participant is involved.

1. Level I reports shall be:
	1. Submitted per the Department’s process within four (4) hours of the Critical Incident; and
	2. Reported to the Department when the Critical Incident occurs away from the ITRSF location.
2. Level II reports shall be:
3. Submitted per the Department’s process within twenty-four (24) hours of the Critical Incident.

Maintain Participant records according to [10-144 C.M.R. Chapter 101, Ch. II, § 13.07-3](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s013.docx) for all Participants receiving ITRSF.

Comply with the Quality Assurance requirements, as outlined in [10-144 C.M.R. Ch. 101, Ch. II, § 13.03-7](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s013.docx).

Ensure all Participant treatment and demographic data is entered into the Department’s Atrezzo, or other system as determined by the Department within forty-eight (48) hours of contact with the Participant.

1. **Confidentiality Requirements**
2. Ensure all HIPAA-defined Protected Health Information (PHI) or other individually identifiable information provided by the Department, accessed via Department systems, or received or acquired from any individual as a part of ITRSF or through any other method, is regarded as confidential information.
	1. Ensure all confidential information in any format is safeguarded consistent with the terms of the Department’s [Business Associate Agreement](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/baa-stand-alone_0.pdf) and any other applicable State and federal confidentiality laws, regulations, and or rules.
3. Comply with the terms of Maine’s [Notice of Risk to Personal Data Act, 10 M.R.S. Ch. 210-B](http://www.mainelegislature.org/legis/statutes/10/title10ch210-B.pdf), and other applicable privacy and security laws, rules, and regulations.
4. Appoint Privacy and Security Officials to ensure the terms of the Business Associate Agreement are met.
5. Meet quarterly, either in-person or via telephone, with the Department to review PHI compliance and any potential concerns related to confidential information.
6. Notify the Department immediately in the event of a breach or potential breach of confidentiality.
7. Collaborate with the Department to investigate, document, and otherwise respond to any actual or potential breach of confidential information.
8. **Performance Measures**
9. 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.** | One hundred percent (100%) of Participants have a scheduled appointment with a primary care provider within ninety (90) calendar days of admission to ITRSF. | Quarterly | Performance Measures Report |
| **b.** | One hundred percent (100%) of Participants move to more independent living within two (2) years of admission to ITRSF.  | Quarterly | Performance Measures Report |
| **c.**  | One hundred percent (100%) of Participants receive evidence-based Parenting Education within thirty (30) calendar days of admission to ITRSF. | Quarterly | Performance Measures Report  |
| **d.** | One hundred percent (100%) of Participants participate in competitive employment, educational, and/or career development programs within one-hundred eighty (180) calendar days of admission to ITRSF. | Quarterly | Performance Measures Report |
| **e.** | Eighty percent (80%) of Participants remain in the ITRSF until their specific plan of care treatment and Recovery goals/objectives have been reached. | Quarterly | Performance Measures Report |

# **Reports**

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

|  |
| --- |
| **Table 2 – Required Reports** |
| **Name of Report or On-Site Visit** | **Description or Appendix #** |
| **a.**  | Critical Incident Reporting Forms | Provides details related to a [Critical Incident](https://www.maine.gov/dhhs/oms/providers/provider-bulletins/attention-providers-adult-behavioral-health-services-updated-critical-incidents-definitions) |
| **b.** | Performance Measures Report | Appendix I and at the Department’s [FY 24-25 ITRSF- Performance Measure Report webpage](https://forms.office.com/pages/responsepage.aspx?id=q6g_QX0gYkubzeoajy-GTniCUL9DJJlPqEnqvFzPIhJUQlNVR0EyMDAyQklVSFZOMVZKSkJCOEpZRy4u) |
| **c.** | [Atrezzo](https://me.kepro.com/)  | Includes all necessary and required Participant demographics and data |
| **d.** | Department On-Site Visit | As agreed, between the Department and awarded Bidder |
| **e.** | 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) |
| **f.** | Contract Closeout Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/contracts/index.html) |

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

|  |
| --- |
| **Table 3 – Required Reports Timelines** |
| **Name of Report or On-Site Visit** | **Period Captured by Report or On-Site Visit**  | **Due Date**  |
| **a.** | Critical Incident Reporting Forms | Per each incident | Level I - within four (4) hoursLevel II - within twenty-four (24) hours  |
| **b.** | Performance Measures Report | Quarterly  | Thirty (30) calendar days after the end of each quarter  |
| **c.** | Atrezzo | Monthly | Within fifteen (15) calendar days after the end of each month |
| **d.** | Department On-Site Visit | Annually | At the Department’s discretion |
| **e.**  | Quarterly Financial Report of Revenue and Expenses | Each quarter  | Thirty (30) calendar days after the end of each quarter |
| **f.**  | 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. The form is to be submitted as a WORD document.
		2. The Submitted Questions Form must be submitted, by e-mail, and received by the RFP Coordinator, identified on the cover page of the RFP, as soon as possible but no later than the date and time specified on the RFP cover page.
		3. Submitted questions must include the RFP number and title in the subject line of the e-mail. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.
	2. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the State’s [Division of Procurement Services’ Request for Proposals (RFP) website page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps) no later than seven (7) calendar days prior to the proposal due date. It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website are considered binding.
2. **Amendments**

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

## Notice of Intent to Bid

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

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

* + - 1. **Submission:** Notices of Intent are to be submitted only to the RFP Coordinator listed on this RFP’s cover page. The Bidder is responsible for allowing adequate time for delivery. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.
1. **Submitting the Proposal**
	1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
		1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
	2. **Delivery Instructions:** E-mail proposal submissions are to be submitted to the State of Maine Division of Procurement Services at Proposals@maine.gov.
		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 inbox will receive an automatic reply stating as such.
		2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
		3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Please check with your organization’s Information Technology team to ensure that your security settings will not encrypt your proposal submission.
		4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
		5. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202402041 Proposal Submission – [Bidder’s Name]”**
		6. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:
* **File 1 [Bidder’s Name] – Preliminary Information:**

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

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

**Appendix C** (Eligibility to Submit Bids Form)

All required eligibility documentation stated in PART IV, Section I.

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

*PDF format preferred*

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

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

**Appendix F** (Litigation Form)

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

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

*PDF format preferred*

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

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

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

*Excel format preferred*

**Appendix H** (Cost Proposal Form)

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

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

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

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

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

**Proposal Format and Contents**

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

* 1. **Proposal Cover Page**

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

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

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

* 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 Bids Form)

**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, demonstrating their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractors**

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

* 1. **Organizational Chart**

Bidders must provide an enterprise-wide organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. This chart must indicate to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of **Appendix 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) | Subcontractors 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 Form) by providing a detailed response to the requirements outlined in this RFP.

|  |
| --- |
| **Required Attachments Related to Proposed Services** |
| **Attachment #:** | **Attachment Name:** |
| Seven (7) | Outline of Participant Eligibility Requirements |
| Eight (8) | Job Descriptions |
| Nine (9) | Staffing Plan |
| Ten (10) | Recruitment and Retention Plan |
| Eleven (11) | Implementation - Work Plan |

Attachments 7 – 11, must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 11 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

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

* 1. **General Instructions**
		1. Bidders must submit a cost proposal that covers the initial period of performance, starting 7/1/2024 and ending on 6/30/2026.
		2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
		3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
	2. **Cost Proposal Form Instructions**
1. Bidders must fill out **Appendix H** (Cost Proposal Form), following the instructions detailed here and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in the exclusion of the proposal from consideration, at the discretion of the Department.
2. **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

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

**Section I. Preliminary Information (No Points – Eligibility Requirements)**

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

**Section II. Organization Qualifications and Experience (30 points)**

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

**Section III. Proposed Services (40 points)**

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

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

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

* 1. Cost Proposal (25 points)
	2. Budget Narrative (5 Points)
	3. **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.
	4. **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 to provide their best value pricing with the submission of their proposal.

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

* 1. **Negotiations:** The Department reserves the right to negotiate with the awarded Bidder to finalize a contract. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposal to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with an awarded Bidder who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.
1. **Selection and Award**
	1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
	2. Notification of conditional award selection or non-selection will be made in writing by the Department.
	3. Issuance of the RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to the RFP, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
	4. The Department reserves the right to reject any and all proposals or to make multiple awards.
2. **Appeal of Contract Awards**

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

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

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

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

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

This provision means that a contract cannot be effective until at least fourteen (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** – Debarment, Performance, and Non-Collusion Certification

**Appendix C** – Eligibility to Submit Bids Form

**Appendix D** – Qualifications and Experience Form

**Appendix E** – Subcontractors Form

**Appendix F** – Litigation Form

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

**Appendix H** – Cost Proposal Form

**Appendix I** – Performance Measure Report Template

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

**Appendix K** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

**PROPOSAL COVER PAGE**

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

|  |  |
| --- | --- |
| **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 Child and Family Services*

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

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

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

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

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

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

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

## ELIGIBILITY TO SUBMIT A BID FORM

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Eligibility Certification**In order to submit a bid in response to this RFP, Bidders and/or subcontractors must have a license/certification through the Department’s [Division of Licensing and Certification (DLC)](https://www.maine.gov/dhhs/dlc/licensing-certification/medical-facilities/hospitals) to operate in the State as a:Mental Health Agency (as described in [14-193 C.M.R. Ch. 6](https://www.maine.gov/sos/cec/rules/14/193/193c006.doc)); orSubstance Use Disorder Agency (as described in [14-118 C.M.R. Ch. 5](https://www.maine.gov/sos/cec/rules/14/118/118c005.doc)); orHospital (as described in [10-144 C.M.R. Ch. 112](http://www.maine.gov/sos/cec/rules/10/144/144c112.doc)). |
| Does the Bidder and/or subcontractors have a license/certification to operate as a Mental Health Agency, Substance Use Disorder Agency, or Hospital in the State? Bidders must provide evidence of a valid, in good standing applicable license/certification. | Check which license/certification the Bidder currently has:[ ]  Mental Health Agency[ ]  Substance Use Disorder Agency[ ]  Hospital |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

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

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

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

|  |
| --- |
| **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 E**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

## SUBCONTRACTORS FORM

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

|  |  |
| --- | --- |
| **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 or Consultant’s 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 Child and Family Services*

## LITIGATION FORM

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

|  |  |
| --- | --- |
| **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 Child and Family Services*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

**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 Child and Family Services*

**COST PROPOSAL AND BUDGET NARRATIVE FORM**

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

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

**Instructions:** The Bidder must complete and submit a Budget Form providing a detailed breakdown of expenses in performing the services for the initial period of performance as described in this RFP and in the Bidder’s proposal. The total expenses amount is the proposed cost to be used in the scoring cost formula for evaluation purposes.

**The Budget 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 Child and Family Services*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

**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 Child and Family Services*

**NOTICE OF INTENT TO BID FORM**

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

|  |  |
| --- | --- |
| **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 Child and Family Services*

**SUBMITTED QUESTIONS FORM**

**RFP# 202402041**

**Integrated Treatment and Recovery Services for Families (ITRSF)**

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

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

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

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