**STATE OF MAINE**

**Department of Health and Human Services**

*Office for Family Independence*



**RFP# 202312253**

**MaineCare Disability Determination Services**

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| --- | --- |
| **RFP Coordinator** | *All communication regarding the RFP must be made through the RFP Coordinator identified below*.**Name:** Brittany Hall **Title:** Procurement Administrator**Contact Information:** Brittany.hall@maine.gov  |
| **Submitted Questions Due** | *All questions must be received by the RFP Coordinator identified above by:***Date:** February 8, 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:** March 6, 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# 202312253**

**MaineCare Disability Determination Services**

The State of Maine is seeking proposals for disability determination services for individuals seeking coverage from MaineCare due to a Disability and/or Blindness.

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>

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 March 6, 2024. Proposals will be opened the following business day. Proposals not submitted to the Division of Procurement Services’ aforementioned e-mail address by the aforementioned deadline will not be considered for contract award.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

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

| **Term/Acronym** | **Definition** |
| --- | --- |
| **Acceptable Evidence**  | Documentation used to determine an Applicant/Member is Disabled or Blind. Acceptable Evidence is defined in [20 C.F.R. § 416.913](https://www.ssa.gov/OP_Home/cfr20/416/416-0913.htm). |
| **Acceptable Medical Source** | As defined in [20 C.F.R. § 416.902](https://www.ssa.gov/OP_Home/cfr20/416/416-0902.htm) |
| **Acceptable Source of Information** | A source, either medical or non-medical, which provides Acceptable Evidence related to the Applicant’s impairment(s). Acceptable Sources of Information is defined in [20 C.F.R. § 416.902(a) and (j)](https://www.ssa.gov/OP_Home/cfr20/416/416-0902.htm) (acceptable medical source and nonmedical source, respectively). |
| **Administrative Hearing** | A hearing conducted for a variety of matters including, but not limited to, child support, medical eligibility determinations, eligibility for Food Stamps, MaineCare, Temporary Assistance for Needy Families, Emergency Assistance, ASPIRE, General Assistance and licensing matters. |
| **Administrative Hearings Unit** | An office within the Department that provides Administrative Hearings to citizens and clients who are aggrieved by the Department.  |
| **Applicant** | An individual who submits a Disability Packet to the Department for the purpose of applying for MaineCare coverage due to a Disability or Blindness. |
| **Automated Client Eligibility System (ACES)**  | The Department’s web-based system used for eligibility decisions and calculations, issuing notices, and Medical Review Team (MRT) case documentation. |
| **Blind/Blindness** | As defined by [20 C.F.R. § 416.981](https://www.ssa.gov/OP_Home/cfr20/416/416-0981.htm). |
| **Continuing Disability Review (CDR)**  | A periodic review to determine whether or not a Member continues to be considered Disabled or Blind to continue to receive MaineCare.  |
| **Department** | Department of Health and Human Services |
| **Determination** | A finding of Disability or Blindness, as defined in[20 C.F.R. § 416.905](https://www.ssa.gov/OP_Home/cfr20/416/416-0905.htm) and [20 C.F.R. § 416.981](https://www.ssa.gov/OP_Home/cfr20/416/416-0981.htm), based on Acceptable Evidence provided, as defined in [20 C.F.R. § 416.913](https://www.ssa.gov/OP_Home/cfr20/416/416-0913.htm).  |
| **Disability** | As defined by [20 C.F.R. § 416.905](https://www.ssa.gov/OP_Home/cfr20/416/416-0905.htm#:~:text=(a)%20The%20law%20defines%20disability,not%20less%20than%2012%20months.).  |
| **Disability Packet** | Application documents which include the Applicant’s Disability related information, including but not limited to: 1. Medical sources;
2. Age;
3. Education and training;
4. Work experience;
5. Summary of daily activities, both before and after the date of the onset of the alleged Disability;
6. Efforts to work; and
7. Other factors that show how the impairment affects the ability to work or function.
 |
| **DocuWare** | The Department’s electronic document management system. |
| **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** | [Health Insurance Portability and Accountability Act of 1996](https://aspe.hhs.gov/reports/health-insurance-portability-accountability-act-1996) |
| **Katie Beckett Coverage Group**  | A MaineCare eligibility option for individuals with Disabilities, age eighteen (18) and younger, who are living in the community and would be eligible for MaineCare if they were in need of institutional level of care. |
| **Medical Review Team (MRT)** | Consists of multiple professionals who determine if an Applicant/Member is Disabled or Blind. |
| **Member** | An individual who is receiving Disability/Blindness-related MaineCare and is required to have a CDR. |
| **OFI** | The Department’s Office for Family Independence |
| **PHI** | Protected Health Information |
| **Presumptive Disability Determination**  | A Disability Determination made when the evidence available reflects a high degree of probability that the Applicant/Member is Disabled or Blind.  |
| **Program Operations Manual System (POMS)** | The primary source of information used by Social Security Administration (SSA) employees to process claims for Social Security benefits. |
| **Quality Assurance Review** | A defined process that assesses how well Disability Determinations are being conducted. |
| **Quality Review Committee** | Consists of three to five (3 – 5) professionals who conduct Quality Assurance Reviews and may include individuals from the following vocations/disciplines:* + - * 1. Clinical trainers;
				2. Program managers;
				3. Program Compliance Manager;
				4. Medical Director;
				5. Psychologist; and
				6. Physician/psychologist advisors.
 |
| **Reconsideration**  | When an Applicant/Member is denied MaineCare eligibility during the Disability Determination review and requests the Department re-evaluate their request for Disability Determination based on information not initially considered.  |
| **Release of Medical Records (Release)**  | A Department document that provides the Acceptable Source of Information with permission to provide the Department with the Applicant/Member’s medical records.  |
| **Residual Functional Capacity (RFC) Assessment** | Provides the SSA with an Applicant/Member’s limitations as defined in [20 C.F.R. § 416.945](https://www.ssa.gov/OP_Home/cfr20/416/416-0945.htm). |
| **Review Form** | A Department document used as part of the CDR.  |
| **RFP** | Request for Proposal |
| **Siebel**  | The Department’s work processing flow tool. |
| [**Social Security Administration (SSA)**](https://www.ssa.gov/) | An independent agency of the U.S. federal government that administers Social Security, a social insurance program consisting of retirement, disability, and survivor benefits. |
| **State** | State of Maine |
| [**Substantial Gainful Activity (SGA)**](https://www.ssa.gov/oact/cola/sga.html) | One (1) of the factors considered by the SSA to determine if an Applicant/Member is Disabled/Blind. The SGA describes the Applicant/Member’s level of work activity and earnings.  |
| [**Supplemental Security Income (SSI)**](https://www.ssa.gov/ssi/) | Provides monthly payments to adults and children with a disability or blindness who have income and resources below specific financial limits.  |

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

*Office for Family Independence*

**RFP# 202312253**

**MaineCare Disability Determination Services**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking MaineCare Disability Determination Services 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 for Family Independence (OFI) manages assistance programs for low-income Maine residents, including medical assistance, cash assistance, and supplemental food benefits. The Department’s Office of MaineCare Services (OMS) provides Medicaid coverage to eligible individuals. Individuals must meet one (1) of the following criteria, in addition to other eligibility requirement outlined in the current [MaineCare Eligibility Guidelines](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Updated%202023%20MaineCare%20Eligibility%20Guidelines%202_1.pdf), to be considered eligible for MaineCare:

* Be pregnant;
* Be the parent of a child who is seventeen (17) years of age or under or is age eighteen (18) and expects to graduate from high school prior to his/her nineteenth (19th) birthday:
* The child must live with the parent; and
* The parent must provide the care for the child;
* Individuals twenty (20) years of age or younger (MaineCare for children);
* Individuals ages twenty-one through sixty-four (21-64) (MaineCare for adults);
* Individuals sixty-five (65) years of age or older (MaineCare for the elderly); or
* Individuals with a Disability or Blindness that meet or exceed standards for Supplemental Security Income (SSI) established by the Social Security Administration (SSA).

Annually, 1,500 - 2,000 requests for Disability/Blindness Determinations (including Reconsiderations) and approximately 1,000 Continuing Disability Reviews (CDRs) are processed. In accordance with [10-144 C.M.R. Ch. 332, Part 6](https://www1.maine.gov/sos/cec/rules/10/ch332.htm), the Medical Review Team(MRT) must follow the sequential evaluation process for determining whether an Applicant or Member is Disabled or Blind, adhering to the processes and standards of the SSA under the authority of the [Social Security Act](https://www.ssa.gov/history/35act.html). The sequential evaluation process requires the MRT to request and obtain medical evidence of the alleged Disability/Blindness from the Applicant’s/Member’s medical source(s). The MRT analyses the evidence received and determines if the Applicant/Member is Disabled/Blind in order to receive MaineCare.

The services resulting from this RFP will ensure the Department meets its obligations for continuing Disability Determinations necessary for MaineCare coverage. The awarded Bidder shall provide timely Disability/Blindness Determinations, Reconsiderations and CDRs for Applicants/Members by utilizing the electronic systems operated and maintained by the Department, including Automated Client Eligibility System(ACES), DocuWare, and Siebel. All Disability/Blindness Determinations, Reconsiderations, and CDRs shall follow the Department’s policies, procedures and standards set out in 10-144 C.M.R. Ch. 332, Part 6 as well as align with the standards of the SSA under the authority of the Social Security Act. The awarded Bidder shall utilize a multi-step sequential evaluation process, including obtaining and analyzing medical evidence from the Applicant/Member’s medical source(s), for determining whether an Applicant/Member is Disabled or Blind.

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**

All interested parties who have, at minimum, two (2) years’ experience in developing evidence and performing subsequent Disability/Blindness Determinations in accordance with the SSI standards for Disability/Blindness as established by the SSA are invited to submit bids in response to this Request for Proposals.

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 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, Services to be Provided.**

1. **Facilities and Staffing Standards**
2. Provide Statewide MaineCare Disability Determination Services, which include:
3. Disability/Blindness Determinations;
4. Reconsiderations and Continuing Disability Reviews (CDRs); and
5. Maintaining all standards of the Department in accordance with the requirements of this RFP.
6. Maintain a facility location(s) where Disability Determinations Services will be provided at a minimum during regular business hours; Monday – Friday between 8:00 a.m. and 5:00 p.m. EST, excluding [State Holidays](https://www.maine.gov/bhr/state-employees/2024-holiday-schedule) and administrative closings.
7. Ensure adequate office equipment is available for Disability Determinations, considering the anticipated number of requests for Disability/Blindness Determinations, Reconsiderations, and CDRs to be processed.
8. Ensure the facility has adequate security and confidentiality measures for all Applicant/Member Disability Packets and related information.
9. Maintain a Medical Review Team (MRT) and support staff to carry out the required Disability/Blindness Determination duties, considering fluctuations in the number of Disability Determination requests received that may occur over the course of each contract period.
10. Generate standard forms and notices from ACES or other means as directed by the Department to carry out all noticing and evidence gathering obligations under this RFP. Alternative forms and notices must be approved in writing by the Department prior to use.
11. **Disability/Blindness Determinations, Reconsiderations, and CDRs**
12. **Service Delivery**
	1. Conduct Disability/Blindness Determinations, Reconsiderations, and CDRs for Applicants/Members within forty-five (45) calendar days from receipt of the Disability Packet.
	2. Obtain and review each Applicant/Member Disability Packet, Reconsideration, or CDR by utilizing the electronic systems operated and maintained by the Department, including ACES, DocuWare, and Siebel, ensuring each Determination:

Aligns with processes and standards set out in rule by the Social Security Administration (SSA) under the authority of the Social Security Act for matters related to:

1. Evidence development ([20 C.F.R. §§ 416.912 – 918](https://www.ssa.gov/OP_Home/cfr20/416/416-0000.htm)); and
2. Disability/Blindness Determinations ([20 C.F.R. §§ 416.920 – 986](https://www.ssa.gov/OP_Home/cfr20/416/416-0000.htm)).
	* 1. Aligns with [10-144 C.M.R. Ch. 332, Part 6](https://www1.maine.gov/sos/cec/rules/10/ch332.htm) for matters related to time standards associated with Disability/Blindness Determinations, Reconsiderations, and CDRs.
	1. Provide a final and, where appropriate, Presumptive Disability/Blindness Determinations to the Department within five (5) calendar days.
		* 1. **Incomplete Disability Packets**
3. Contact the Applicant/Member by mail within five (5) calendar days of receipt of an incomplete Disability Packet.
	* 1. Follow-up via telephone within five (5) calendar days for up to three (3) consecutive business days, at various times of day, each day, between the hours of 8:30 a.m. and 5:00 p.m. EST.
		2. If no response, process the Disability Packet with the available information.
			1. **Acceptable Evidence Development**
4. Initiate the development of Acceptable Evidence related to the Applicant/Member impairment(s) within five (5) calendar days of the Department’s receipt of a Disability Packet, Reconsideration request, or a completed Review Form by:
	* 1. Obtaining a valid HIPAA compliant, signed, and dated Release of Medical Records (Release) form from the Applicant/Member for each Acceptable Source of Information providing evidence for the initial Disability/Blindness Determination request and subsequent CDRs.
		2. Making every reasonable effort (as provided in [20 C.F.R. § 416.912(b)](https://www.ssa.gov/OP_Home/cfr20/416/416-0912.htm)) to help the Applicant/Member collect sufficient evidence, including the Applicant/Member’s most recent twelve (12) months of medical history, necessary to make a Disability/Blindness Determination by:
			1. Using ACES to send an initial request for information letter to all medical sources referenced in the Applicant/Member’s Disability Packet once a valid Release form is obtained.
			2. Using ACES to send a second (2nd) request for information letter at least fifteen (15) calendar days after the initial request, to each medical source who did not respond to the initial request or if additional information is necessary.
			3. Use ACES to notify the Applicant/Member via regular mail when a second request for information letters is sent to each medical source.
			4. A Disability/Blindness Determination shall not be made on the basis of insufficient evidence until at least fifteen (15) calendar days from making the second request.
5. Requiring the Applicant/Member to attend one (1) or more consultative exams with an appropriate medical source willing to perform an exam, within one hundred twenty (120) miles from the Applicant/Member’s residence, once every reasonable effort to obtain evidence has been made and the medical source(s) cannot or will not provide sufficient medical evidence about the Applicant/Member’s impairment(s).
6. CDR requirements:

When a CDR is required due to a change in the Applicants/Members earnings and a Disability/Blindness Determination was previously made with an expectation of eventual recovery by the Applicant/Member, the CDR shall be initiated within thirty (30) calendar days from the date in which the awarded Bidder is informed by the Department of the Applicant/Member’s increased earnings, regardless of the previously scheduled review date.

When there is no expectation of eventual recovery and a CDR has not been performed and/or the CDR was never scheduled or is not scheduled to occur within the next six (6) months, the awarded Bidder shall schedule a CDR to be performed within the next six to twelve (6-12) months.

1. **Determinations Requirements**
	1. Make all Disability/Blindness Determinations as soon as all evidence is obtained and no later than forty-five (45) calendar days from the Department’s receipt of a Disability Packet, Reconsideration, or Review Form.

Exception to the forty-five (45) calendar days shall only be made when the awarded Bidder has not timely received sufficient evidence requested from the Applicant/Member or the medical source(s).

Determinations shall not be made earlier than thirty (30) calendar days of first requesting medical information from the Applicant/Member’s medical source if sufficient evidence is not received to make an affirmative finding of Disability/Blindness.

Ensure a physician or psychologist completes and signs a Residual Functional Capacity (RFC) Assessment, when necessary.

* 1. Process Determinations in accordance with:
		1. [Title XVI of the Social Security Act](https://www.ssa.gov/OP_Home/ssact/title16b/1600.htm);
		2. All standards and procedures of [10-144 C.M.R. ch. 332, Part 6](https://www.maine.gov/sos/cec/rules/10/144/ch332/144c332-sans-extras.docx);

Evidence described in [20 C.F.R. § 416.902(g), (k), and (l)](https://www.ssa.gov/OP_Home/cfr20/416/416-0902.htm), and [§§ 416.912](https://www.ssa.gov/OP_Home/cfr20/416/416-0912.htm) – [416.918](https://www.ssa.gov/OP_Home/cfr20/416/416-0918.htm);

Acceptable Medical Source as defined in [20 C.F.R. § 416.902(a), (i), and (j)](https://www.ssa.gov/OP_Home/cfr20/416/416-0902.htm);

[20 C.F.R. §§ 416.920 – 416.985](https://www.ssa.gov/OP_Home/cfr20/416/416-0000.htm), for Applicants/Members ages eighteen (18) and older, not considering whether the Applicant/Member’s current work activity is Substantial Gainful Activity (SGA).

[20 C.F.R. § 416.924](https://www.ssa.gov/OP_Home/cfr20/416/416-0924.htm), for Applicants/Members ages seventeen (17) and younger, not considering whether the Applicant/Member’s current work activity is SGA.

Provide the Department, upon request, with any records necessary to assess the child’s medical eligibility if the child has either applied for or is currently receiving MaineCare through the Katie Beckett Coverage Group.

1. [20 C.F.R. §§ 416.931 – 416.934](https://www.ssa.gov/OP_Home/cfr20/416/416-0000.htm), for Presumptive Disability Determinations.
2. If an Applicant/Member’s prior request for Determination has been denied based on medical factors, and there is sufficient evidence of the Applicant/Member’s physical or mental condition worsening or existence of a new impairment, which demonstrates a strong likelihood of a new Determination, a Presumptive Disability Determination may be made.
	* + 1. The onset of Disability/Blindness date for a Presumptive Disability Determinations shall be the first (1st) day of the month in which the Determination was made.
3. When a Presumptive Disability Determination is made, a final Disability/Blindness Determination shall be made within six (6) months.
4. [20 C.F.R. § 416.994](https://www.ssa.gov/OP_Home/cfr20/416/416-0994.htm) for adults and [20 C.F.R. § 416.994a](https://www.ssa.gov/OP_Home/cfr20/416/416-0994a.htm) for children who require a CDR.
5. Determine if available evidence demonstrates that an Applicant/Member meets the applicable standard for establishing Disability for each alleged impairment:
	* 1. Establish the date of the onset of Disability, if applicable;
6. Ensure a notice is issued from ACES the same day the Determination is made to inform the Applicant/Member of the Disability/Blindness Determination including the evidence and regulations the Determination is based on; and

Establish a date for a CDR in accordance with the standards and procedures set out in [20 C.F.R. § 416.990](https://www.ssa.gov/OP_Home/cfr20/416/416-0990.htm) when Disability/Blindness is found, taking into consideration the severity of the impairment(s) and the likelihood of improvement.

1. Notify the Department electronically through ACES the same day the Disability/Blindness Determination is made.
2. **Reconsiderations**
3. Complete Reconsiderations within thirty (30) calendar days, in accordance with the standards and procedures applicable to the contested Determination when/if:
	* + 1. An Applicant/Member submits a completed Reconsideration request form, which must include new evidence from the Applicant/Member or medical source(s).
4. **Record Keeping**
5. Use the Department’s ACES to record, document, and process all information related Disability Packets, Reconsiderations, and CDRs including but not limited to:
6. Date Disability/Blindness Determination request was received;
7. All contact (i.e., regular mail, telephone) made with the Applicant/Member regarding request for evidence, including but not be limited to:
	1. The purpose, method, and date of contact or attempted contact;
8. All contact (i.e., regular mail, telephone, fax, email) with medical sources regarding request for evidence, including but not be limited to:
	1. The medical source name(s)/address(es) and the purpose, method, and date of contact or attempted contact;
9. Conclusions of all Disability/Blindness Determinations, including:
	1. Date of the onset of Disability, if applicable; and
	2. Dates Disability/Blindness conclusion(s) were made;
10. Date of CDR, if applicable.
11. **Staff Requirements**
12. Ensure all staff providing Disability/Blindness Determination provide accurate functional assessments and Determinations for any type of impairment.
13. Ensure all staff conducting Disability/Blindness Determination hold a valid license/registration/certification to practice in their respective field in the state(s) where services will be performed, including but are not limited to:
	1. Physicians who represent multiple specialties and subspecialties, including but not limited to:
		1. Psychiatry;
		2. Internal medicine;
		3. Nephrology;
		4. Neurology;
		5. Emergency medicine;
		6. Pediatrics; and
		7. Infectious diseases.
	2. Psychologists who represent multiple specialties and subspecialties, including but not limited to:
		* + 1. Rehabilitation psychology;
				2. Neuropsychology;
				3. Child and adolescent psychology; and
				4. Behavioral medicine.
	3. Registered nurses;
	4. Allied health professionals;
	5. Vocational rehabilitation counselors experienced in comparing an individual’s functional abilities to the physical/mental demands of work and in vocational adjudication under Social Security rules;
	6. Clinical training coordinators;
	7. Administrative staff.
		* 1. **Staff Training**
14. Ensure clinical training coordinators provide appropriate ongoing training to plan and implement comprehensive annual and ad hoc training programs for all staff, including at a minimum:
15. Federal policy and procedures related to the SSA’s Disability regulations, including timely treatment of changes or additions to Social Security Disability regulations and SSA’s procedural issuances made through the online Program Operations Manual System (POMS).
16. Department policies and procedures, including timely treatment of changes or additions thereto.
	* + 1. **Appeals and Administrative Hearings**
17. Ensure staff with clinical expertise regarding the severity and duration of Disability and who are capable of presenting competent testimony about how an Applicant/Member’s conditions, medical findings, and residual functional limitations relate to the Title XVI definition of Disability, appear telephonically or in person, to testify on behalf of the Department in any administrative hearing associated with the Determination and provide the hearing officer and the parties with any relevant evidence or written analysis.
18. **Confidentiality of Protected Health Information (PHI)**
19. Ensure all PHI or other individually identifiable information provided by the Department, accessed via Department systems, or received or acquired from any individual as a part of the Disability/Blindness Determination, Reconsideration, or CDR 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 and any other applicable state and federal confidentiality laws, regulations, and or rules.
20. Comply with the terms of Maine’s Notice of Risk to Personal Data Act, [10 M.R.S. §§ 1346-1350-B](http://www.mainelegislature.org/legis/statutes/10/title10ch210-Bsec0.html), and other applicable privacy and security laws, rules, and regulations.
21. Appoint Privacy and Security Officials to ensure that the terms of the Business Associate Agreement are met.
22. Meet quarterly, either in-person or by telephone conference, with the Department to review PHI compliance and any potential concerns related to confidential information.
23. Notify the Department immediately in the event of a breach or potential breach of confidentiality.
24. Collaborate with the Department to investigate, document, and otherwise respond to any actual or potential breach of confidential information.
	* + 1. **Technology Requirements**
25. Use only the equipment provided by the Department to connect to the State network and to access ACES, DocuWare, and Siebel.
	1. Equipment provided by the Department must be returned to the Department at the end of the contract or when requested by the Department.
	2. Any software must be approved by the Department prior to installing on equipment intended to run each program application.
26. Ensure staff who perform Disability/Blindness Determination, Reconsideration, or CDR have access to and use ACES, DocuWare, and Siebel applications; access will be provided by the and shall be used as follows:
	1. ACES
		1. Record and process all relevant information related to the processing of a Disability Packet and the Disability Determination process; and
		2. Issue notices to the Applicant/Member and their medical sources.
	2. DocuWare
		1. Retrieve and store documents related to a Disability Packet and supporting medical records.
	3. Siebel
	4. Identify Disability Packets and reviews received by the Department that require processing;
	5. Monitor and track the task associated with pending Disability/Blindness Determinations, Reconsiderations, and CDRs; and
	6. Comply with time standards outlined in this RFP.
27. Provide technical assistance for staff using ACES, DocuWare, and Siebel applications. Where an issue cannot be resolved internally, refer any problems related specifically to each application to the Department.
28. Ensure staff connect to the State network using a MaineIT approved method (currently AnyConnect).
29. Ensure staff comply with the entire suite of [MaineIT policies](https://www.maine.gov/oit/policies-standards) and standards, with special attention paid to:
30. [Access Control Policy](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maine.gov%2Foit%2Fsites%2Fmaine.gov.oit%2Ffiles%2Finline-files%2Faccess-control-policy.pdf&data=05%7C01%7CKaren.Curtis%40maine.gov%7C9e3ba002de37443d54b708dba97638dd%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638290097443237938%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=2bXkFV1DeTZ3k8sgMi1KPoeNBaoB031baAV3sY9fnHg%3D&reserved=0);
31. [Access Control Procedures for Users](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maine.gov%2Foit%2Fsites%2Fmaine.gov.oit%2Ffiles%2Finline-files%2Faccess-control-procedures-for-users.pdf&data=05%7C01%7CKaren.Curtis%40maine.gov%7C9e3ba002de37443d54b708dba97638dd%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638290097443237938%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=OoXeUe5UJZWBhTBPH%2BdZIPPB9Rz%2FhCOGgh4jhbXEV1E%3D&reserved=0);
32. [Security Awareness Training](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maine.gov%2Foit%2Fsites%2Fmaine.gov.oit%2Ffiles%2Finline-files%2FSecurityAwarenessTrainingPolicy.pdf&data=05%7C01%7CKaren.Curtis%40maine.gov%7C9e3ba002de37443d54b708dba97638dd%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638290097443237938%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=GCdeEqwvQ3BsyKG0yFIX69EZBtHBFUDRO6x1T5FJTLU%3D&reserved=0);
33. [Rules of Behavior](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maine.gov%2Foit%2Fsites%2Fmaine.gov.oit%2Ffiles%2Finline-files%2FRulesofBehavior.pdf&data=05%7C01%7CKaren.Curtis%40maine.gov%7C9e3ba002de37443d54b708dba97638dd%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638290097443237938%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=awzVH6rX9fIsFm218FD1xnvIanaz4OX4h179qzraOuE%3D&reserved=0);
34. [User Device and Commodity Applications](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maine.gov%2Foit%2Fsites%2Fmaine.gov.oit%2Ffiles%2Finline-files%2FUserDeviceCommodityAppPolicy.pdf&data=05%7C01%7CKaren.Curtis%40maine.gov%7C9e3ba002de37443d54b708dba97638dd%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638290097443237938%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=iS6f4CQGR2%2BG7Hx2eHI3s0hOJZS8HbSJFnAnTbuKJzU%3D&reserved=0);
35. [Network Device Management](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maine.gov%2Foit%2Fsites%2Fmaine.gov.oit%2Ffiles%2Finline-files%2FNetworkDeviceManagementPolicy.pdf&data=05%7C01%7CKaren.Curtis%40maine.gov%7C9e3ba002de37443d54b708dba97638dd%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638290097443237938%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=txXijfX%2FOzVJt1FIxuJz2cDxPm4xQMsBmub4%2B3gFO2M%3D&reserved=0); and
36. [Mobile Device (BYOD)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.maine.gov%2Foit%2Fsites%2Fmaine.gov.oit%2Ffiles%2Finline-files%2FMobileDevicePolicy.pdf&data=05%7C01%7CKaren.Curtis%40maine.gov%7C9e3ba002de37443d54b708dba97638dd%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C638290097443237938%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=aga5aJxSx2PTXWfSgp9U3btUHH5M8ugUH3WqDsweuYU%3D&reserved=0).
37. Ensure staff complete [KnowBe4](https://www.knowbe4.com/) trainings, as required and provided by MaineIT, and any additional Department required trainings.
38. Comply with federal agency Privacy and Security requirements, SSA-TSSR and CMS-MARS.
39. At minimum, all communication containing HIPAA data shall be encrypted to AES-256/PHIPS-140 strength.
	* + 1. **Quality Assurance**
40. Establish and maintain a Quality Review Committee to conduct Quality Assurance Reviews of Disability Determinations.
41. Establish and maintain a Department-approved Quality Assurance Review process which includes the Quality Review Committee and their specific role, and ensures Quality Assurance Review efforts will:
	1. Test the quality of Determination-making for individual cases.
	2. Ensure the Quality Review Committee reviews a statistically significant monthly random sample of completed cases to measure the accuracy and quality of Determinations made.
42. **Performance Measures**
43. 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 all initial Determinations shall be made within forty-five (45) days of receipt of Disability Packet unless there is documented non-cooperation from the Applicant/Member or medical source. | Quarterly | **Appendix I** - Percentage of cases confirmed to have an initial Determination made within forty-five (45) days of receipt based on the Quality Assurance Review. |
| **b.** | Ninety-five percent (95%) of Disability Determinations made contain the correct Determination. | Monthly  | **Appendix I** - Percentage of cases confirmed to have a correct initial decision based on the Quality Assurance Review. |
| **c.** | Ninety percent (90%) of Disability Determinations upheld by the Administrative Hearings Officer.  | Quarterly  | **Appendix I** - Percentage of disability decisions upheld by the Administrative Hearings Unit. |

# **Reports**

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

|  |
| --- |
| **Table 2 – Required Reports** |
| **Name of Report**  | **Description or Appendix**  |
| **a.** | Requests Received Report | * Number of Disability Packets received; and
* Number of Reconsiderations received.
 |
| **b.** | Determination Report | * Number of total Determinations made;
* Number of approvals made;
* Number of denials made; and
* Average length of days to make a Determination.
 |
| **c.** | Administrative Hearings | * Number of requests for Administrative Hearings;
* Number of hearings held;
* Number of Determinations upheld; and
* Number of Determinations overturned.
 |
| **d.** | Quarterly Assurance Report | * Number of cases reviewed by the Quality Review Committee; and
* Number of Determinations confirmed to be accurate.
 |
| **e.** | Performance Measures Report | **Appendix I*** Percentage of decisions made within forty-five (45) calendar days;
* Percentage of accurate determinations made; and
* Percentage of Determinations that went to Administrative Hearing where the decision was upheld.
 |

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

|  |
| --- |
| **Table 3 – Required Reports Timelines** |
| **Name of Report**  | **Period Captured by Report**  | **Due Date** |
| **a.** | Requests Received Report | Each Month | Fifteen (15) calendar days after the end of each month |
| **b.** | Determination Report | Each Month | Fifteen (15) calendar days after the end of each month |
| **c.**  | Administrative Hearings | Each Month | Fifteen (15) calendar days after the end of each month |
| **d.** | Quarterly Assurance Report | Each Month | Fifteen (15) calendar days after the end of each month |
| **e.** | Performance Measure Report | Each Quarter | Thirty (30) calendar days after each quarter |

**PART III KEY RFP EVENTS**

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 must use **Appendix J** (Submitted Questions Form) for submission of questions. The form is to be submitted as a WORD document.
		2. The Submitted Questions Form should 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 following website no later than seven (7) calendar days prior to the proposal due date: [Division of 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 a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.
2. **Amendments**

All amendments released in regard to the RFP will also be posted on the following website: [Division of 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.

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# 202312253 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:**

*PDF 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. Demonstrate knowledge and comprehensive understanding of the SSI standards for Disability/Blindness as established by the SSA, including but not limited to, the sequential evaluation process.
	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.

The awarded Bidders certificate of insurance shall include applicable liability to support compliance of the Department’s [Rider B-IT](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/BP54_IT%20Revised%2006222022.pdf).

|  |
| --- |
| **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 |
| 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) | 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** (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 (45 points)**

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

**Section IV. Cost Proposal (25 points)**

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

* 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 all-inclusive fixed rate per Determination proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest all-inclusive fixed rate will be awarded 25 points. Proposals with higher all-inclusive fixed rate values will be awarded proportionately fewer points calculated in comparison with the lowest all-inclusive fixed rate.

The scoring formula is:

(Lowest submitted all-inclusive fixed rate / all-inclusive fixed rate 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.

* 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 an IT Service Contract with appropriate riders as determined by the issuing department.

Forms and contract documents commonly used by the State can be found on the [Division of Procurement Services](https://www.maine.gov/dafs/bbm/procurementservices/forms) website.

The resulting contract will require a [Business Associate Agreement (BAA)](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Business-Associate-Agreement.pdf) and [Rider B-IT](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/BP54_IT%20Revised%2006222022.pdf) to support services in the contract resulting from this RFP.

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 and Budget Narrative Form

**Appendix I** – Performance Measure Performance Template

**Appendix J** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

**PROPOSAL COVER PAGE**

**RFP# 202312253**

**MaineCare Disability Determination 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 for Family Independence*

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

**RFP# 202312253**

**MaineCare Disability Determination 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.*

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

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

## ELIGIBILITY TO SUBMIT A BID FORM

**RFP# 202312253**

**MaineCare Disability Determination Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Eligibility Certification** |
| 1. Does the Bidder have, at minimum, two (2) years’ experience in developing evidence and performing subsequent Disability/Blindness Determinations in accordance with the SSI standards for Disability/Blindness as established by the SSA as described in Part I, C. of the RFP?
 | [ ]  Yes or [ ]  No |
| 1. Which projects meet the eligibility requirements under Part I, C. of the RFP and as described in the Bidder’s response to **Appendix D**?
 | [ ]  Project One[ ]  Project Two[ ]  Project Three |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202312253**

**MaineCare Disability Determination Services**

|  |  |
| --- | --- |
| **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.** 1. **Demonstrate knowledge and comprehensive understanding of the SSI standards for Disability/Blindness as established by the SSA, including but not limited to, the sequential evaluation process.**
 |
|  |

|  |
| --- |
| **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.***In order to determine the Bidder’s eligibility, Bidders must demonstrate, at minimum, two (2) years’ experience in developing evidence and performing subsequent Disability/Blindness Determinations in accordance with the SSI standards for Disability/Blindness as established by the SSA in one (1) or a combination of the projects below.* |

|  |
| --- |
| **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 for Family Independence*

## SUBCONTRACTORS FORM

**RFP# 202312253**

**MaineCare Disability Determination 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 may 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/consultant organizational capacity and qualifications** |
|  |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

## LITIGATION FORM

**RFP# 202312253**

**MaineCare Disability Determination 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 for Family Independence*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 202312253**

**MaineCare Disability Determination 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 for Family Independence*

**COST PROPOSAL AND BUDGET NARRATIVE FORM**

**RFP# 202312253**

**MaineCare Disability Determination Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **All-inclusive Fixed rate per Determination:** | **$**  |

**Instructions:** Bidders must provide an all-inclusive fixed rate per Determination. The all-inclusive fixed rate must include all costs associated with providing the service under this RFP.

|  |
| --- |
| **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the all-inclusive **fixed rate per Determination**. |
|  |

**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office for Family Independence*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202312253**

**MaineCare Disability Determination 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 for Family Independence*

**SUBMITTED QUESTIONS FORM**

**RFP# 202312253**

**MaineCare Disability Determination 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. Submit this document in WORD format, not PDF.

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

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