**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Behavioral Health*



**RFP# 202403061**

**Home-based Skills Development Pilot Program**

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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  |
| **Informational Meeting** | **Date:** April 8, 2024 **Time:** 10:00 a.m., local time**Location:** ZOOM Meeting Link: [Web Link for RFP 202403061](https://mainestate.zoom.us/j/81924835556?pwd=YzM5OFZaYzdLQXh0ZG9OSkVFY0Fhdz09) Meeting ID: 819 2483 5556, or by phone 1-646-876-9923 using the Meeting ID provided. |
| **Submitted Questions Due** | *All questions must be received by the RFP Coordinator identified above by:***Date:** April 9, 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:** May 1, 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:** May 8, 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# 202403061**

**Home-based Skills Development Pilot Program**

The State of Maine is seeking proposals for a Home-based Skills Development Pilot Program.

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 April 8, 2024 at 10:00 a.m., local time at the following location: <https://mainestate.zoom.us/j/81924835556?pwd=YzM5OFZaYzdLQXh0ZG9OSkVFY0Fhdz09> Meeting ID: 819 2483 5556, or by phone 1-646-876-9923 using the 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 May 8, 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** |
| **Child Protective Services (CPS)** | As defined in [22 M.R.S.A. §4004(1](https://www.mainelegislature.org/legis/statutes/22/title22sec4004.pdf)). |
| **Department** | Department of Health and Human Services |
| **HSDPP** | Home-based Skills Development Pilot Program  |
| **MaineCare** | The State’s Medicaid program |
| **Participant(s)** | Includes:1. Parent as defined in [22 M.R.S.A. §4002(7)](https://www.mainelegislature.org/legis/statutes/22/title22sec4002.pdf);or
2. Guardian as defined in [18-C M.R.S.A §1-201(22)](https://legislature.maine.gov/statutes/18-C/title18-Csec1-201.pdf);
3. Individuals with a documented Substance Use Disorder (SUD); and
4. Eligible to be or is a MaineCare member.
 |
| **Practitioner of the Healing Arts** | Medical Doctors, Doctors of Osteopathy, and all others registered or licensed in the healing arts, including, but not limited to, physician, nurse practitioners, podiatrists, optometrists, chiropractors, physical therapists, occupational therapists, speech therapists, dentists, psychologists, and physicians’ assistants. |
| **Reunification/****Reunified**  | A Departmental responsibility as outlined in [22 M.R.S.A. §4041](https://legislature.maine.gov/legis/statutes/22/title22sec4041.pdf). |
| **RFP** | Request for Proposal |
| **State** | State of Maine |
| **Substance Use Disorder (SUD)** | Occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.  |
| **Twelve (12) Step Programs** | Self-help peer support groups focused on recovery from SUDs, behavioral addictions, and sometimes other co-occurring mental health conditions.  |

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

*Office of Behavioral Health*

**RFP# 202403061**

 **Home-based Skills Development Pilot Program**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking a Home-based Skills Development Pilot Program (HSDPP) 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 Behavioral Health (OBH) is the State’s administrative authority responsible for the planning, development, implementation, regulation, and evaluation of substance abuse and mental health services. The mission of OBH is to ensure all Maine residents with mental health, substance use, and co-occurring disorders are not just managing symptoms but living lives of dignity, hope, and meaning as independently as possible. OBH is committed to supporting a complete and coordinated behavioral health continuum of care that serves the whole person and the whole community. The Department’s Office for Child and Family Services (OCFS) is dedicated to helping create a future where all Maine children and families are safe, stable, happy, and healthy.

In July 2022, the Office of MaineCare Services (OMS) received federal approval to expand services through the [1115 Substance Use Disorder](https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81926) (SUD) Waiver to Participants who are at-risk of becoming or are involved with Child Protective Services (CPS). HSDPP is intended to address current gaps in coverage for services fundamental to the Participants’ successful recovery and relationships with their children, such as home-based skill development, parenting support services, and as directed by the Legislature, maintenance of MaineCare coverage during the CPS assessment process. With the 1115 SUD Waiver, Maine is the first state in the nation approved to offer continued Medicaid coverage for members who might otherwise lose access during the CPS process due to changes in household size. Participants who are successfully engaging with the Department through the rehabilitation and Reunification process can continue their coverage, supporting them in accessing SUD treatment and other critical medical care.

Participants may face challenges with self-care, daily living skills, personal adjustment, socialization, relationship development, identification of community resources and supports, use of community resources, and adaptive skills necessary to reside in community settings. Through the HSDPP, under the 1115 SUD Waiver, eligible MaineCare members with an SUD who are involved with or at risk of involvement with CPS may receive daily living skills development, community integration, therapeutic support, and housing support services. The HSDPP will assist Participants with developing skills necessary for living in the community and aid in their recovery process. Participants of the HSDPP will gain support in recovery through a multitude of strategies aimed at minimizing the need for more intensive interventions. The HSDPP will assist Participants in developing social opportunities and natural support systems, and in increasing self-advocacy.

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**

The Bidder must have and provide evidence of:

1. A current MaineCare Provider Agreement;
2. A license through the Department’s [Division of Licensing and Certification for Behavioral Health Services](https://www.maine.gov/dhhs/dlc/licensing-certification/behavioral-health) for SUD services; **or**
3. Approval as an [Opioid Health Home provider](https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes) through OMS.
4. **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. *At this time, the Department cannot confirm available funding beyond 12/31/2025.*

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 | 12/31/2025 |
| Renewal Period #1 | 1/1/2026 | 12/31/2027 |
| Renewal Period #2 | 1/1/2028 | 12/31/2028 |

1. **Number of Awards**

The Department anticipates making 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. **Facilities Standards/Requirements**
2. Maintain an office location(s) to support in-person availability of the Home-based Skills Development Pilot Program (HSDPP).
3. Ensure HSDPP is available Monday through Friday, 8:00 a.m. to 8:00 p.m.; while maintaining accessibility to the office location(s) during traditional (Monday through Friday, 8:00 a.m. to 5:00 p.m.) hours, except during [State holidays](https://www.maine.gov/bhr/state-employees/holiday-schedule) and administrative closings.
4. Maintain a [MaineCare Provider Agreement](https://mainecare.maine.gov/Provider%20Forms/Forms/Publication.aspx?RootFolder=%2FProvider%20Forms%2FProvider%20Enrollment&FolderCTID=&View=%7B550DD634-668F-47E9-B0DD-93CDCC1CD721%7D).
5. Maintain a license through the Department’s Division of Licensing and Certification for Behavioral Health Services for SUD services; or
6. Maintain Department approval as an Opioid Health Home provider.
7. **General Requirements**

1. Comply with all State and federal rules, regulations, and applicable standards, and the Department’s Division of Licensing and Certification, as applicable.
2. Provide HSDPP to a maximum of two hundred (200) Participants, annually, within the Bidder’s catchment area.
3. Ensure funds are not utilized for:
	* 1. Duplicating or supplanting funding received from other federal or State resources;
		2. Programs, services, or components of services that are primarily opportunities for socialization and activities that are solely recreational in nature (such as picnics, dances, ball games, parties, field trips, religious activities, social clubs, camp, and companionship activities); and
		3. Programs, services, or components of services which are meant to maintain or supplement housekeeping, homemaking, or basic services for the convenience of a person receiving services. This includes housekeeping, shopping, childcare, and laundry services.
4. **Eligibility Determination**
	* + 1. Ensure Participants:
				1. Are enrolled in MaineCare;
				2. Are involved with or at-risk of involvement with Child Protective Services (CPS);
				3. Have been recommended by a licensed Practitioner of the Healing Arts within the scope of practice under Maine law; and
				4. Have a documented Substance Use Disorder (SUD) diagnosis by a licensed Practitioner of the Healing Arts, prior to enrollment.

Documentation of the SUD diagnosis must be provided as evidence of eligibility.

1. **Service Duration**
	* + 1. Ensure no more than six hundred eighteen (618) hours of HSDPP services are provided collectively per month (equaling no more than two thousand four hundred seventy-two (2,472) fifteen (15) minute Units per month).
			2. Discontinue services if the Participant:
	1. Is no longer participating in rehabilitation;
	2. Disengages in the program;
	3. Is no longer participating in the family Reunification plan; or
	4. Until parental/guardianship rights have been terminated.
2. **Home-based Skills Development Pilot Program**
	1. Process referrals received from a licensed Practitioner of the Healing Arts, a Participant, or from the Department.
3. Individuals unable to receive services due to being located out of the awarded Bidder’s proposed service area are to be connected with information on comparable services upon request, provided such resources exist and are accessible.
	1. Ensure initial contact with the Participant within three (3) business days of receipt of the referral.
	2. Ensure the referral-to-intake process occurs within seven (7) business days.
	3. Provide HSDPP at the Participant’s home, Monday through Friday, 8:00 a.m. to 8:00 p.m., with accessibility to office location(s), per individualized need.
	4. Provide Participants services, instruction, and support developing, including:
		1. Life skills such as:
			1. Accessing community resources;
			2. Connecting to Twelve (12) Step Programs or other support groups;
			3. Connecting and maintaining relationships with natural supports; and
			4. Developing and maintaining healthy relationships with peers in the community.
		2. Independent living skills, including but are not limited to:
			1. Time management/schedule management;
			2. Developing regularly scheduled household chores;
			3. Developing skills to access the community using public transportation;
			4. Budgeting, household management, organization, meal planning, etc.;
			5. Selecting and participating in:
				1. Educational activities;
				2. Vocational activities;
				3. Social activities; and
			6. Overcoming social isolation and withdrawal.
		3. Coping skills, including but not limited to instruction and practice of:
			1. Symptom management;
			2. Stress management;
			3. Problem-solving; and
			4. Resolving conflict.
		4. Medication administration and monitoring skills, including but not limited to:
			1. Reminders to take medication; and
			2. Assisting with refills or going with the Participant to substance use treatment appointments.
4. **Survey and Quality Assurance and Program Improvement**
5. Develop, implement, and report on two (2) Department-approved Participant surveys.
	1. Quarterly, provide to each Participant the anonymous Participant satisfaction survey, which includes, but is not limited to the Participant's experience and satisfaction related to HSDPP:
		1. Intake/referral process;
		2. Eligibility determination;
		3. Accessibility to, and frequency of services; and
		4. Recommendations for program improvement.
	2. Administer a pre- and post- survey measuring the Participant’s progress on related skills and abilities as a result of participating in HSDPP.
6. Ensure quality assurance policy and procedures are used to develop, maintain, and continually improve the HSDPP.
7. Quarterly, meet with the Department to review collected survey data for possible improvements, which shall be incorporated into the following quarter's HSDPP.
8. **Staffing Requirements**

* 1. Ensure HSDPP services are conducted by:

[Community Mental Health Rehabilitation Technicians (MHRT/Cs)](https://www.maine.gov/dhhs/obh/training-certification/mental-health-and-rehabilitation-technician) professionals certified by the Department; or

[Certified Alcohol and Drug Counselor](https://www.maine.gov/pfr/professionallicensing/professions/adc/licensing)s (CADCs) whose license in Maine is active and in good standing.

Ensure MHRT/Cs and/or CADCs are supervised by a:

[Certified Clinical Supervisor (CCS)](https://www.maine.gov/pfr/professionallicensing/professions/adc/licensing) whose license in Maine is active and in good standing; or

Licensed Alcohol and Drug Counselor (LADC) with at least one (1) year of additional training in clinical supervision and whose license in Maine is active and in good standing.

1. **Performance Measures**
2. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
	1. Submit data to support the performance measure utilizing **Appendix H** (Performance Measure Report Template) 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** |
| *Office Goal/Initiative: To decrease out-of-home placements for children of Participants.*  |
| **a.** | The percentage of children removed from the Participant’s custody while receiving services is decreased by X%. *Baseline to be established within the first six (6) months.* | Quarterly  | Performance Measures Report |
| *Office Goal/Initiative: To decrease the number of emergency department visits needed for SUD while participating in services.*  |
| **b.** | The percentage of Participants who required an emergency department visit for SUD while receiving services is decreased by X%. *Baseline to be established within the first six (6) months.* | Quarterly | Performance Measures Report |

# **Reports**

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

|  |
| --- |
| **Table 2 – Required Reports/On-Site Visit** |
| **Name of Report or On-Site Visit** | **Description or Appendix #** |
| **a.** | Performance Measures Report | **Appendix H** |
| **b.** | Department On-Site Visit | As agreed, between the Department and awarded Bidder. |
| **c.** | Quarterly Narrative and Data Report  | To include: * Total number of currently enrolled Participants, as of the last date of the quarter;
* Unduplicated number of Participants served during the quarter;
* Services provided;
* Number of enrolled Participants that reported an inpatient admission for SUD while receiving services;
* Number of enrolled Participants that reported admission to a residential SUD treatment while receiving services;
* Number of Participants who are Reunified with their child while receiving services;
* Number of out-of-home placements for children of Participants while receiving services;
* Narrative information on successes, barriers and potential concerns that have occurred during the quarter; and
* Other information, as agreed upon between the Department and awarded Bidder.
 |
| **d.** | Monthly Financial Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents). |
| **e.** | Participant Survey Report | A narrative report summarizing results of the Parent and Guardian Satisfaction Survey.  |
| **f.** | Contract Closeout Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents). |
| **g.** | Final Narrative Report | As agreed, between the Department and awarded Bidder. |

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

|  |
| --- |
| **Table 3 – Required Reports/On-Site Visit Timelines** |
| **Name of Report or On-Site Visit** | **Period Captured by Report or On-Site Visit**  | **Due Date**  |
| **a.** | Performance Measures Report | Each quarter | Thirty (30) calendar days after the end of each quarter |
| **b.** | Department On-Site Visit | Point-in-time | Annually, at the Department’s discretion |
| **c.** | Quarterly Narrative and Data Report  | Each Quarter | Thirty (30) calendar days after the end of each quarter |
| **d.** | Monthly Financial Report | Each month  | Fifteen (15) calendar days after the end of each quarter |
| **e.** | Participant Survey Report | 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 |
| **g.** | Final Narrative 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 J** (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 I** (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# 202403061 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** (Litigation Form)

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

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

*PDF format preferred*

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

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

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

*PDF format preferred*

**Appendix G** (Cost Structure Reimbursement Acknowledgement 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. **Organizational Chart**

Bidders must provide an enterprise-wide organization chart showing officers, major organization components, and the project team proposed to meet the requirements of this RFP. This chart must indicate to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of **Appendix F** (Response to Proposed Services).

* 1. **Litigation**

Bidders must complete **Appendix E** (Litigation Form) providing a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on **Appendix E** (Litigation Form).

* 1. **Financial Viability**

Bidders must provide the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.

* 1. **Certificate of Insurance**

Bidders must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Bidder’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

|  |
| --- |
| **Required Attachments Related to Organization Qualifications and Experience**  |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form  |
| Two (2) | Organizational Chart |
| Three (3) | Litigation |
| Four (4) | Financial Viability  |
| Five (5) | Certificate of Insurance |

Attachments 1 – 5, must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 5 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

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

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

|  |
| --- |
| **Required Attachments Related to Proposed Services** |
| **Attachment #:** | **Attachment Name:** |
| Six (6) | Data Collection Plan  |
| Seven (7) | Participant Record Plan |
| Eight (8) | Individualized Service Plan Outline  |
| Nine (9) | Participant Satisfaction Survey Outline |
| Ten (10) | Job Descriptions |
| Eleven (11) | Staffing Plan |
| Twelve (12) | Implementation - Work Plan |

Attachments 6 – 12, must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 6 – 12 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)

Bidders are not required to submit information related to cost. The reimbursement rate is established based on the same reimbursement rate for procedure code H2017 under [Section 17 – Community Support Services](https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20017%20-%20Community%20Support%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4-A5CC-4DAE-93B6-72A66DE366E0%7D), a rate of seventeen dollars and sixty-four cents ($17.76) per fifteen (15) minutes of service provision. By signing and submitting **Appendix G** (Cost Structure Reimbursement Acknowledgement Form), Bidders agree to provide all services in accordance with the established rate, if awarded.

**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 (35 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 Structure Acknowledgement (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.

For Section IV. Cost Structure Acknowledgement, all Bidders will receive 25 points for submitting a signed **Appendix G** (Cost Structure Reimbursement Acknowledgement Form). Bidders who do not submit a signed **Appendix G** will receive 0 points.

* 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** – Litigation Form

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

**Appendix G** – Cost Structure Reimbursement Acknowledgement Form

**Appendix H** – Performance Measure Report Template

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

**Appendix J** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PROPOSAL COVER PAGE**

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Vendor Customer Code** (for current State of Maine vendors)**:** | VC |
| **Chief Executive - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Headquarters Street Address:** |  |
| **Headquarters City/State/Zip:** |  |
| ***(Provide information requested below if different from above)*** |
| **Lead Point of Contact for Proposal - Name/Title:** |  |
| **Tel:** |  | **E-mail:** |  |
| **Street Address:** |  |
| **City/State/Zip:** |  |

* This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder’s proposal.
* No attempt has been made, or will be made, by the Bidder to induce any other person or firm to submit or not to submit a proposal.
* The above-named organization is the legal entity entering into the resulting contract with the Department if they are awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

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

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

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

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

|  |  |
| --- | --- |
| **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 Behavioral Health*

## ELIGIBILITY TO SUBMIT A BID FORM

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Eligibility Certification**The Bidder must have and provide evidence of: 1. A current MaineCare Provider Agreement;
2. A license through the Department’s [Division of Licensing and Certification for Behavioral Health Services](https://www.maine.gov/dhhs/dlc/licensing-certification/behavioral-health) for SUD services; **or**
3. Be approved as an [Opioid Health Home provider](https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes) through the Office of MaineCare Services
 |
| 1. Does the Bidder have a current MaineCare Provider Agreement?

*If yes, the Bidder must provide evidence of a MaineCare Provider Agreement.* | [ ]  Yes or [ ]  No |
| 1. Is the Bidder licensed through the Department’s [Division of Licensing and Certification for Behavioral Health Services](https://www.maine.gov/dhhs/dlc/licensing-certification/behavioral-health) for SUD services?

*If yes, the Bidder must provide evidence of licensure to provide SUD services.* | [ ]  Yes or [ ]  No |
| 1. Is the Bidder approved as an [Opioid Health Home provider through the Office of MaineCare](https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/health-homes)?

*If yes, the Bidder must provide evidence of being approved as an Opioid Health Home provider.* | [ ]  Yes or [ ]  No |
| **Bidders who do not provide evidence of eligibility as outlined in Part I, C. of the RFP and this form will be disqualified from the remainder of the evaluation process.** |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral health*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

|  |  |
| --- | --- |
| **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. Also, describe your qualifications and experiences serving the proposed catchment area.** |
|  |

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

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| --- |
| **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 Behavioral Health*

## LITIGATION FORM

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

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

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| --- |
| **Provide a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none.”** |

|  |
| --- |
|  |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

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



**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

## COST STRUCTURE REIMBURSEMENT ACKNOWLEDGEMENT FORM

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Acknowledgement** |
| ***Bidders are not required to submit information related to cost. The reimbursement rate is established at seventeen dollars and seventy-six cents ($17.76) per fifteen (15) minute of service provision.*** ***By signing and submitting this Cost Structure Reimbursement Acknowledgement Form, Bidder agrees to provide all services in accordance with the established rate.***  |

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

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

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



**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**NOTICE OF INTENT TO BID FORM**

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

|  |  |
| --- | --- |
| **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 J**

**State of Maine**

**Department of Health and Human Services**

*Office of Behavioral Health*

**SUBMITTED QUESTIONS FORM**

**RFP# 202403061**

**Home-based Skills Development Pilot Program**

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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