

**State of Maine**  
**Department of Health and Human Services**  
*Office of Behavioral Health*  
**NOTICE OF INTENT TO BID FORM**  
**RFP# 202312238**

**Kennebec County Substance Use Disorder (SUD) Treatment Center**

<b>Bidder's Organization Name:</b>	White Deer Run, LLC		
<b>Chief Executive - Name/Title:</b>	Matthew Rice, Division President		
<b>Tel:</b> 502-314-1440	<b>E-mail:</b>	matthew.rice@acadiahealthcare.com	
<b>Headquarters Street Address:</b>	5972 Susquehanna Trail		
<b>Headquarters City/State/Zip:</b>	Turbotville, PA 17772		
<i>(Provide information requested below if different from above)</i>			
<b>Lead Point of Contact for Proposal - Name/Title:</b>	Matthew Rice -Division President		
<b>Tel:</b> 502-314-1440	<b>E-mail:</b>	Matthew.Rice@acadiahealthcare.com	
<b>Street Address:</b>	6100 Tower Cir Suite#1000		
<b>City/State/Zip:</b>	Franklin, TN 37067		

**Provide a brief description of the Bidder's experience and ability to perform the work required within this RFP.**

White Deer Run, LLC has over 30 years of experience operating residential treatment programs for behavioral health and substance use disorders. Operating under our parent organization, Acadia Healthcare, we are part of the largest stand-alone network of behavioral health providers in the United States. Our network includes 253 facilities across the nation with 11,100 beds in 39 states and Puerto Rico. We serve over 75,000 patients daily through inpatient, residential, and outpatient programs for the treatment of substance use disorders (SUD) and mental health conditions. In Maine, this network includes seven Opioid Treatment Programs, including one in Waterville. We look forward to combining our network's existing care infrastructure in Kennebec County with our expertise in SUD and residential treatment to support the State and county's objective of opening a SUD Treatment Center.

**Signature of person authorized to enter into the contract with the Department:**

<b>Name (Print):</b> Matthew Rice	<b>Title:</b> Division President
<b>Authorized Signature:</b> <i>Matthew Rice</i>	<b>Date:</b> 1-19-2024

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Division of Contract Management  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011  
Tel.: (207) 287-3707; Fax: (207) 287-5031  
TTY: Dial 711 (Maine Relay)

Mar-18-2024

Via Electronic Mail: [Matthew.Rice@acadiahealthcare.com](mailto:Matthew.Rice@acadiahealthcare.com)

White Deer Run, LLC  
Matthew Rice, Division President, Acadia Healthcare  
6100 Tower Circ #1000  
Franklin, TN 37067

SUBJECT: Notice of Conditional Contract Award under RFP #202312238 Kennebec  
County Substance Use Disorder (SUD) Treatment Center

Dear Matthew Rice,

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of Behavioral Health. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional contract award to:

- White Deer Run, LLC

This conditional contract award is based on available one-time funding of \$400,000 for the development of a substance use disorder treatment center in Kennebec County as appropriated by Legislative action under Public Law 2023, Chapter 412 (LD 258) (page 175) and Part WWW (page 350).

The Department will be contacting White Deer Run, LLC soon to negotiate a contract. As provided in the RFP, the Notice of Conditional Contract Award is subject to execution of a written contract and, as a result, this Notice does NOT constitute the formation of a contract between the Department and White Deer Run, LLC. White Deer Run, LLC shall not acquire any legal or equitable rights relative to the contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Conditional Contract Award at any time prior to the execution of a written contract.

As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract totaling \$400,000.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:  
  
EFD18D286BE941B...  
Adrienne Leahey  
Chief Operating Officer  
Office of Behavioral Health

DocuSigned by:  
  
5DC6307B8558482...  
Debra Downer  
Deputy Director for Competitive Procurement  
Division of Contract Management

**STATE OF MAINE  
TEAM CONSENSUS EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

**BIDDER:** White Deer Run, LLC

**DATE:** March 5, 2024

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**SUMMARY PAGE**

**Department Name:** Health and Human Services

**Name of RFP Coordinator:** Brittany Hall

**Names of Evaluators:** Kenney Miller, Anna Ko, Corinna O'Leary, Katherine Coutu-Farrell,  
and Martha Kluzak

<b><u>Pass/Fail Criteria</u></b>	<b><u>Pass</u></b>	<b><u>Fail</u></b>
Section I. Preliminary Information (Eligibility)	<b>N/A</b>	<b>N/A</b>
<b><u>Scoring Sections</u></b>	<b><u>Points Available</u></b>	<b><u>Points Awarded</u></b>
Section II. Organization Qualifications and Experience	<b>20.00</b>	<b>N/A</b>
Section III. Proposed Services	<b>50.00</b>	<b>N/A</b>
Section IV. Cost Proposal		
a. Proposed Start-up Costs	10.00	N/A
b. SUD Treatment Center Services Cost Proposal	15.00	N/A
c. Budget Narrative	5.00	N/A
Section IV Total	<b>30.00</b>	<b>N/A</b>
<b><u>Total Points</u></b>	<b><u>100.00</u></b>	<b><u>N/A</u></b>

**The Department awards White Deer Run, LLC as the Sole Bidder. The Proposal was  
evaluated by the Evaluation Team but not scored.**

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**OVERVIEW OF SECTION I  
Preliminary Information**

Section I. Preliminary Information

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**Evaluation Team Comments:**

N/A

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**EVALUATION OF SECTION II  
Organization Qualifications and Experience**

**Evaluation Team Comments:**

<b>Part IV. Section II. Organizational Qualification and Experience</b>	
<b>1. Overview of the Organization</b>	<ul style="list-style-type: none"><li>• 30 years of experience with 7 locations in Pennsylvania including medically monitored withdrawal, residential, outpatient, Intensive Outpatient Program (IOP), and partial hospitalization.</li><li>• The Parent organization is Acadia healthcare – 253 behavioral health facilities, including 6 Opioid Treatment Programs (OTPs) in Maine.</li><li>• As an affiliate of Acadia Healthcare, who operates 253 behavioral health, mental health, and SUD treatment programs with approximately 11,100 beds in 39 states and Puerto Rico and over 23,000 employees and serving approximately 75,000 patients daily.</li><li>• Has contracts under Acadia Healthcare with the Department with positive working experience.</li><li>• Provided 3 highly relevant projects but each lack details:<ul style="list-style-type: none"><li>○ Project 1: briefly describes a 19- bed residential partial hospitalization program with housing in Pennsylvania; programming is 7 days per week, 8:30a.m. – 3:00p.m. and is staffed 24 hours per day.</li><li>○ Project 2: briefly describes a “ground-up build of [a] new 52,000 square foot behavioral health facility” in El Paso, Texas. Bidder stated the facility serves adolescents and adults with mental health and SUDs.</li><li>○ Project 3: planning a 32-bed Withdrawal Management and Residential Substance Use Treatment Center opening March 2024, with a project start date of September 2023. Expanding services to over 60 beds in the coming year; expanded services will continue serving substance use diagnosis as well as residential services for primary mental health treatment, partial hospitalization, and intensive outpatient</li></ul></li></ul>
<b>2. Subcontractors</b>	<ul style="list-style-type: none"><li>• Indicates “N/A” and that, while Acadia Healthcare will work with a third-party construction and architectural firm, those entities will not be formally contracted until a site is first identified via their real estate team.</li></ul>
<b>3. Organizational Chart</b>	<ul style="list-style-type: none"><li>• Provided an organizational chart that was not enterprise wide, instead, solely seemed to encompass the project team for this RFP and upper-level management (i.e., “White Deer Run Divisional President”, “Specialty Group President”, “EVP Operations Acadia” and “CEO Acadia”). Other positions within the organization aside from the project team and the upper-level management positions were not included.</li></ul>

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<b>4. Litigation</b>
<ul style="list-style-type: none"><li>• Provided 6 open cases dating back to 2018 that may seem relevant to scope of services in RFP. Some litigation disclosed is concerning to the Evaluation team.</li></ul>
<b>5. Financial Viability</b>
<ul style="list-style-type: none"><li>• Provided and appear financially viable.</li></ul>
<b>6. Licensures/Certification</b>
<ul style="list-style-type: none"><li>• Not currently licensed in Maine, but bidder acknowledges and affirms will pursue upon award.</li><li>• Intends to apply for MH and SUD license, EAP, and Maine Board of Pharmacy. No current MaineCare Provider Agreement but sister provider, Acadia has obtained one and Deer Run plans to participate with MaineCare.</li></ul>
<b>7. Certificate of Insurance</b>
<ul style="list-style-type: none"><li>• Provided and valid.</li></ul>

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**EVALUATION OF SECTION III  
Proposed Services**

**Evaluation Team Comments:**

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. Facilities Standards/Requirements
<ul style="list-style-type: none"><li>• Does not currently have a site identified but is engaged with a real estate firm.</li><li>• Will construct and establish a SUD treatment center consisting of receiving center services, 10 withdrawal management beds, 26 residential rehab beds, an OTP dosing unit, and PHP and/or IOP.</li><li>• Willing to assume the remaining financial risk as they believe these services are critical to withdrawal management program services and residential treatment for their existing OUD patient base in the region.</li><li>• States the <i>“organization can meet the regulatory requirements outlined in the RFP, but not necessarily other requirements that are important to ongoing patient care in the long-term if the MaineCare fee schedule remains unchanged from July 2023”</i>.</li><li>• Did not demonstrate an understanding of any licensure/certifications required to operate the SUD Treatment Center, including obtaining and maintaining a License to provide Residential SUD Treatment and obtaining and maintaining a MaineCare Provider Agreement.</li><li>• Overall lacks detail describing how to meet minimum hours/days in the first year and how to operate in subsequent years 24/7/365.</li><li>• Plans to gradually increase staffing over the first year, so that they have adequate staffing in place by year 2 to increase to include overnight hours but did not provide detail of how this will be accomplished.</li><li>• Plans to use both internal and external data to evaluate performance during core hours to help direct level and type of services needed during the expanded hours.</li><li>• Provided a minimum response related to the Withdrawal Management Program, being Co-occurring Capable, performing as a temporary provider, and ensuring the facility is a Tier 2 Overdose Education and Naloxone Distribution partner.</li><li>• Bidder did not address establishing policies around access, coordination, communication with other potential prescribers regarding prescriptions, and treatment for the safety of Clients and to decrease the risk of diversion; aside from mention of becoming an active participant and contributor to Maine’s Prescription Monitoring Program.</li></ul>



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**B. Referral and Intake Process**

- Provided a vague overview of the plan for triaging individuals seeking SUD Treatment and screening for ongoing needs.
- Outlined assessment process, which appears to conform with Section 97 and Section 65.
- Admission decisions will be made using the American Society of Addiction Medicine (ASAM) Criteria 3.7 Withdrawal Management (WM).
- All clinical staff making admission decisions will be trained in ASAM.
- Policies and procedures align with identified sections of regulations.
- Described the conditions when a patient would be excluded from admission.
- Addressed referrals to facilities with beds, unclear if general community referrals are addressed (e.g., outpatient services).
- Will arrange for or provides transportation to referred agency, if needed.
- Plan in place that to meet individual and SUD needs through the receiving center.
- Family members and community members will be included in the SUD Receiving Center Services.

**C. Client Coverage Screening and Billing Methods: MaineCare, Medicare, and Private Health Insurance**

- Will execute coverage screening and billing requirements as required by the RFP.

**D. SUD Receiving Center Service**

- Describes ITP development which aligns with Section 65.
- describes ITP review which aligns with Section 65.
- It is unclear if the Client will be involved in the review and changes of the ITP.
- Is prepared to meet and exceed all referenced outpatient care service requirements (comprehensive assessment, physical examination, biopsychosocial assessment, individual, group and family therapy, education enrichment, workforce development, legal services, and other social services such as food, clothing, housing, enrollment in public benefits, skills development, financial literacy, and other life skills. Clinicians educate patients and the public through group and counseling sessions. MOUD services).
- Is prepared to refer clients to all appropriate outside services, but the overall response lacks specific details.
- Clinicians will accompany Withdrawal Management Program (WMP) Clients so there is no lapse in continuous monitoring responsibilities.
- Telehealth used when in WMP or with other challenges, as needed.
- Unclear if services will be referred to community providers or if services will be provided within the proposed facility.
- Recognizes addressing practical matters (transportation, health insurance, work, childcare, etc.) as central to success in transition.

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- Plan to provide transition services for jail, Emergency Department, or other facility.

**E. Withdrawal Management Program Services**

- Demonstrated an understanding of the high level of care for inpatient Withdrawal Management Program services, the Individual Treatment Plan (ITP) for Withdrawal Management services will be developed within 24 hours from admission and updated at least every 48 hours thereafter for as long as the patient remains engaged in the program.
- Indicates experience providing withdrawal management services and will comply with State of Maine requirements.
- ITPs will be reviewed and updated at least every 48 hours using CIWA-Ar, SAWS, CIWA-B and COWS, the team is familiar with some but not all acronyms provided.

**F. General Requirements**

- Uses a variety of software platforms: Best Notes for electronic health record, Med Host for financial management, Salesforce for tracking and communication.
- Demonstrates understanding by providing examples of incidents that require reporting.
- Will maintain records in accordance with the client record requirements.
- Will comply with performing a discharge summary for each Client receiving Withdrawal Management Program services.
- Within 72 hours following a Client's departure, the clinical team will compile a comprehensive discharge summary, that will be stored securely in their EHR.
- The discharge summary will provide an overview of the services rendered during the patient's treatment period, including an assessment of progress; any needs that remained unaddressed at the time of discharge; their final diagnosis; discharge date; rationale behind the discharge and the individual or provider to whom the patient was discharged, as applicable; and a detailed account of any recommended aftercare services.
- Will utilize the Department's Designated System as required.
- Implements and yearly Quality Improvement Program Plan (QIPP) and collects data on areas of clinical evaluation, patient satisfaction, risk management/environment of care at minimum for infection control, patient engagement, chart to charge billing audit on an ongoing basis.
- The Senior Leadership Team distributes the annual QIPP to managers and supervisors to be used as part of orientation, training, and other Performance Improvement initiatives throughout the year.
- Senior Leadership Team conducts preliminary monthly reviews to identify any aspects of care, treatment or services that could affect safety or negatively impact patient outcomes.
- Will support all data requested made by the Department.

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- Plans to provide MAT induction and maintenance services on-site and facilitate a warm hand-off off-site as necessary.
- Did not address providing services to Clients in community settings as needed, excluding telehealth.
- Will build referral partnerships with all allied service sites and critical nodes, providing names of anticipated partnerships, recognizing that these relationships are essential to realizing the *“fullest vision of the SUD Treatment Center as a hub SUD treatment and connection to care in Central Maine”*
- Network of sister clinics/providers through the Acadia Healthcare Network includes seven OTPs located in Maine, including the Waterville Comprehensive Treatment Center (Waterville CTC) located in Kennebec County.
- Colleagues at Waterville CTC maintain a referral relationship with the other OTP located in the County, Everest Recovery Center, based in Manchester.
- Will maintain a referral relationship with SSPs in the area, including MaineGeneral Health’s Harm Reduction Program, which has presences in Waterville and Augusta.

**G. Confidentiality of Protected Health Information (PHI)**

- Are fully committed to maintaining confidentiality of all PHI and other individually identifiable information.
- Did not address ensuring all communication containing HIPAA data is encrypted to AES-256 strength.

**H. Staffing Requirements**

- Only refers to Attachment 8 – Job Descriptions and Attachment 9 – Staffing Plan. Did not specifically describe the methods and resources to be used or how the tasks involved for hiring or subcontracting will be accomplished.
- Appears multidisciplinary team does not include CCS, LCSW, LADC, CADC, or Recovery Coach.
- Agrees to and plans for a Patient Navigator, referred to as an “Outpatient Treatment Program Liaison” to be on staff.

**I. Performance Measures**

- Are prepared to perform all services to meet the performance measures.

**J. Reports**

- Agrees to record and report all data in formats described and within the required timelines

**2. Staffing**

- It is unclear if the position titles and job description/qualifications include the required CCS, LADC, CADC, LCSW, or Recovery Coach positions.
- It is unclear if candidates with personal lived experience in Recovery are included in the Peer Support Positions, as no qualifications were listed for this job description.

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- Did include additional positions that would be beneficial to the proposed facility and services.
- “Not yet sure” if subcontractors or consultants will interact with the implementation of the SUD Treatment Center.
- It is possible that subcontract relationships may be incorporated in the services of a Medical Doctor/Doctor of Osteopathic Medicine, a Certified Registered Nurse Practitioner, and a psychiatrist.
- Did not include the Outpatient Treatment Program Liaison in the staffing plan, however, did include a job description for this position.
- Referred to “Quality/Risk Staff” in the staffing plan, however, the only similar position included in the job descriptions was “Director – Risk Management”. Aside from the director-level staff person, no other “Quality/Risk” – related job titles were included with the job descriptions provided.
- Included “Admissions/Intake Director”, “Administrative staff”, “Admissions/Intake staff”, “Medical Records Staff”, “Ancillary/Rec. Therapist”, “Dietary Director”, “Dietary Staff” and “Utilization Management Director” in the staffing plan, however, no job descriptions were included with similar titles.

### **3. Implementation - Work Plans**

- Provided a high-level work plan (attachment 10) for construction which lacked a lot of detail, but it included key milestones and a timeline chart.
- Work plan (attachment 11) for implementation of SUD Treatment services is in a narrative form, as opposed to a timeline chart and includes three phases: “Phase 1: Pre-Implementation Preparation” (5/2025 – 7/2025); “Phase 2: Regulatory Approvals and Staff Preparation (8/2025 – 11/2025)”; and “Phase 3: Launch and First Year Optimization” (11/2025 Launch – November 2026).
- Does not identify who is responsible for tasks for either work plan.

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**EVALUATION OF SECTION IV  
Cost Proposal**

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<b>Proposed Start-up Costs:</b>	\$7.5M
<b>SUD Treatment Center Services Proposed Cost:</b>	\$0.00

**Evaluation Team Comments:**

- Will need \$14,745,000 for proposed start-up costs, however, the Bidder is only requesting \$7,500,000.00 from the State to fund development of the proposed Kennebec County SUD Treatment Center (approximately 50% of total start-up costs).
- Not requesting funding for operations, left SUD treatment Center Services forms blank.
- Indicates ongoing expenses of \$14.6M beyond start-up, including \$1.16M in occupancy – depreciation.
- Provides staffing for unit, including over 40k hours of RN and MHT, over 127k hours total direct care staffing and 217k hours total administrative staffing - does not include several key roles described in the narrative.
- 20% fringe.
- Budget detail includes over 1M in equipment purchases.
- Depreciation budget appears to include 3 years instead of 2 years in agreement listed in budget forms.
- Provided their SUD Treatment Center Start-up Cost Form; did not include detailed line items for each category of relevant costs, instead, provided general overarching statements in description (e.g., for “Interior” Bidder wrote \$9,500,00 for “Design Fees, All Construction, Testing & Inspection, Construction Administration”, without specific item costs delineated).
- Total FTE listed on their Direct Personnel Expenses form adds up to 38.64 total FTE, including Administrative Staff. However, the staffing plan has an FTE total of 28.5 instead. Unclear where the additional 10.14 FTE may be coming from.
- The Direct Personnel Expense form includes “Housekeeping Staff” and “Plant Ops Dir”, these are not listed on the Staffing Plan and no job descriptions were included for these positions.
- Noted if needed, may utilize a private van to assist clients with transportation. No Client-related travel was included in the budget form, and only “Other Travel” was included.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

**BIDDER NAME:** White Deer Run, LLC

**DATE:** 2/28/24

**EVALUATOR NAME:** Katherine Coutu

**EVALUATOR DEPARTMENT:** DHHS/OBH

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**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>• 30 years of providing similar SUD services.</li><li>• Currently runs 6 SUD/OTP sites in Maine</li><li>• Provided 3 relevant projects.</li></ul>
<b>2. Subcontractors</b>
<ul style="list-style-type: none"><li>• N/A</li></ul>
<b>3. Organizational Chart</b>
<ul style="list-style-type: none"><li>• M</li></ul>
<b>4. Litigation</b>
<ul style="list-style-type: none"><li>• 6 open cases</li></ul>
<b>5. Financial Viability</b>
<ul style="list-style-type: none"><li>• M</li></ul>
<b>6. Licensure/Certification</b>
<ul style="list-style-type: none"><li>• Not currently licensed. OTPs under Acadia Healthcare are licensed in Me.</li></ul>
<b>7. Certificate of Insurance</b>
<ul style="list-style-type: none"><li>• M</li></ul>

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<b>Part IV, Section III Proposed Services</b>	
<b>1. Services to be Provided</b>	
<b>Part II</b>	
<b>A. Facilities Standards/Requirements</b>	
<ul style="list-style-type: none"> <li>M- Location has not been identified. Bidder has extensive experience and understanding of the licensing and certification process for all services listed.</li> <li>Bidder proposes more services across the continuum of care than required in the RFP.</li> </ul>	
<ul style="list-style-type: none"> <li>Bidder states they will increase staffing to meet the 24/7/365 requirement after the first year.</li> <li>Plan lacks detail. States- "they will increase staffing to meet demand"</li> <li>M- Unclear how bidder will meet requirements of "I"-how will linking to identified services occur.</li> </ul>	
<b>B. Referral and Intake Process</b>	
<ul style="list-style-type: none"> <li>Bidder listed how individuals seeking services would be triaged- the exact process was unclear.</li> </ul>	
<ul style="list-style-type: none"> <li>M</li> </ul>	
<ul style="list-style-type: none"> <li>M- Bidder will utilize ASAM criteria to determine LOC.</li> <li>Bidder list exclusion criteria.</li> </ul>	
<ul style="list-style-type: none"> <li>M</li> </ul>	
<ul style="list-style-type: none"> <li>M</li> <li>Q-Will patients admitted to the medication unit be transferred to a community OTP for continuation of on-going MOUD services</li> </ul>	
<b>C. Client Coverage Screening and Billing Methods: MaineCare, Medicare, and Private Health Insurance</b>	
<ul style="list-style-type: none"> <li>M</li> </ul>	
<b>C. SUD Receiving Center Service</b>	
<ul style="list-style-type: none"> <li>M-</li> <li>Q-How will you ensure that the client is part of the process in developing ITP goals?</li> </ul>	
<ul style="list-style-type: none"> <li>M</li> </ul>	
<ul style="list-style-type: none"> <li>M</li> </ul>	
<ul style="list-style-type: none"> <li>Partially met- unclear if patients will be referred to community providers or provide all services in house.</li> </ul>	
<ul style="list-style-type: none"> <li>M</li> </ul>	
<b>D. Withdrawal Management Program Services</b>	
<ul style="list-style-type: none"> <li>M</li> </ul>	



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**EVALUATOR DEPARTMENT:** DHHS/OBH

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• M
• M
<b>E. General Requirements</b>
• Bidder provides information regarding their data systems. Unclear how they
• Bidder agrees to submit reports.
• M
• M- agrees within 72 hours.
• Bidder agrees.
• Bidder agrees and discusses annual plan.
• Bidder agrees.
• Bidder agrees to refer to two OTPs in Kennebec County. They agree to establish a medication unit to meet immediate needs.
• Bidder agrees to comply.
• Bidder agrees-listed several sites they will establish these partnerships with.
• Bidder agrees to partner with two OTPs in Kennebec County as well as SSPs.
<b>F. Confidentiality of Protected Health Information (PHI)</b>
• M- Bidder agrees system meets requirements.
<b>G. Staffing Requirements</b>
• M
• M- provided description of role.
• M
• M- multiple on-site services described.
<b>H. Performance Measures</b>
• M
<b>I. Reports</b>
• M bidder agrees
• M
<b>2. Staffing</b>
• M
• Bidder is unclear if subcontractors will be utilized. They did state N/A in agency qualifications.
• M
<b>3. Implementation - Work Plans</b>
• A. Minimal requirements met.
• B. M



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

**BIDDER NAME:** White Deer Run, LLC

**DATE:** 2/28/24

**EVALUATOR NAME:** Katherine Coutu

**EVALUATOR DEPARTMENT:** DHHS/OBH

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<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
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**STATE OF MAINE  
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**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

**BIDDER NAME:** White Deer Run, LLC

**DATE:** February 28, 2024

**EVALUATOR NAME:** Martha Kluzak

**EVALUATOR DEPARTMENT:** Department of Health & Human Services

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
<b>1. Overview of the Organization</b>	<ul style="list-style-type: none"><li>• 30 years' experience with SUD and Co-Occurring Mental Health Disorders</li><li>• Parent company = Acadia= extensive experience with population</li><li>• Provided examples of relevant projects that illustrate experience</li></ul>
<b>2. Subcontractors</b>	<ul style="list-style-type: none"><li>• No subcontractors at this time- will use for architecture and construction once site is identified</li></ul>
<b>3. Organizational Chart</b>	<ul style="list-style-type: none"><li>• Included- 27.5 FTEs for proposed project</li></ul>
<b>4. Litigation</b>	<ul style="list-style-type: none"><li>• Two concerning litigation charges (1: allegation of improper discharge resulting in death, and 2: allegation of improper medication resulting in death)</li></ul>
<b>5. Financial Viability</b>	<ul style="list-style-type: none"><li>• Demonstrated</li></ul>
<b>6. Licensure/Certification</b>	<ul style="list-style-type: none"><li>• Not currently licensed in Maine, but bidder acknowledges and affirms they will pursue upon award</li></ul>
<b>7. Certificate of Insurance</b>	<ul style="list-style-type: none"><li>• Included</li></ul>

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<b>Part IV, Section III Proposed Services</b>
<b>1. Services to be Provided</b>
<b>Part II</b>
<b>A. Facilities Standards/Requirements</b>
<ul style="list-style-type: none"><li>• In an earlier section of proposal Bidder acknowledged understanding of licensure and MaineCare Agreement requirements and provided assurance to obtain both prior to operation</li><li>• Bidder does not currently have a site identified but is engaged with a real estate firm</li></ul>
<ul style="list-style-type: none"><li>• Bidder states that they will meet minimum hours/days in first year and will operate in subsequent years 24/7/365</li><li>• +Bidder plans to gradually increase staffing over the first year, so that they have adequate staffing in place by year 2 to increase to include overnight hours</li><li>• +Bidder plans to use both internal and external data to evaluate performance during core hours to help direct level and type of services needed during the expanded hours</li></ul>
<ul style="list-style-type: none"><li>• Bidder ensures WMP will operate 24/7/365 with a minimum of 10 beds</li><li>• Bidder states that they provide co-occurring care</li><li>• Bidder states that they actively prepare for patient's discharge and aftercare that includes treatment, recovery and primary care once withdrawal is complete</li><li>• Bidder will participate in MPMP</li><li>• Bidder acknowledges that facility will be a Tier 2 by the time it opens</li></ul>
<b>B. Referral and Intake Process</b>
<ul style="list-style-type: none"><li>• + symptom-based triage used to assess and prioritize care</li></ul>
<ul style="list-style-type: none"><li>• Bidder outlined assessment process, which appears to conform with Section 97 and Section 65</li></ul>
<ul style="list-style-type: none"><li>• Bidder's policies and procedures align with identified sections of regulations</li></ul>
<ul style="list-style-type: none"><li>• Bidder describes referral process</li><li>• + arranges for or provides transportation to referred agency, if needed</li></ul>
<ul style="list-style-type: none"><li>• +Bidder not only describes receiving services that will be available to individuals with SUD but also includes the family members and community members</li></ul>
<b>C. Client Coverage Screening and Billing Methods: MaineCare, Medicare, and Private Health Insurance</b>
<ul style="list-style-type: none"><li>• Bidder states that they will execute coverage screening and billing requirements described</li></ul>
<b>C. SUD Receiving Center Service</b>

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

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<ul style="list-style-type: none"> <li>• Bidder describes ITP development which aligns with Section 65</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder describes ITP review which aligns with Section 65</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder agrees to meet or exceed all Outpatient Care service requirements</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder states that they are prepared to refer clients to all appropriate outside services</li> <li>• +clinician accompanies so there is no lapse in continuous monitoring responsibilities</li> <li>• +telehealth used when in WMP or with other challenges, as needed</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder describes how they will facilitate a seamless transition</li> <li>• +Bidder recognizes addressing practical matters (transportation, health insurance, work, childcare, etc) as central to success in transition</li> </ul>
<b>D. Withdrawal Management Program Services</b>
<ul style="list-style-type: none"> <li>• Bidder acknowledges and understands requirements</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder acknowledges and understands requirement</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder states ITPs will be reviewed and updated at least every 48 hours using CIWA-Ar, SAWS, CIWA-B and COWS</li> </ul>
<b>E. General Requirements</b>
<ul style="list-style-type: none"> <li>• Bidder understands and acknowledges requirement</li> <li>• +Bidder uses a variety of software platforms: Best Notes for electronic health record, Med Host for financial management, Salesforce for tracking and communication</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder states that they will comply with requirement</li> <li>• +Bidder demonstrates understanding by providing examples of incidents that require reporting</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder states that they will maintain records in accordance with requirements</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder acknowledges that they will complete</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder acknowledges that they will use the designated system</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder implements a Quality Improvement Program Plan annually with leaders and employees at all levels providing input</li> <li>• +Improvement indicators include patient satisfaction, patient engagement, clinical evaluation, risk management, billing audit</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder acknowledges that they will respond to requests</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder acknowledges and will provide</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder acknowledges and will engage telehealth, where appropriate</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder acknowledges and provides names of partnerships</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder acknowledges and will maintain relationships with OTPs and SSPs</li> </ul>
<b>F. Confidentiality of Protected Health Information (PHI)</b>

**STATE OF MAINE  
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<ul style="list-style-type: none"><li>Bidder states that they are fully committed to maintaining confidentiality of all PHI and other individually identifiable information</li></ul>
<b>G. Staffing Requirements</b>
<ul style="list-style-type: none"><li>Bidder's staffing plan aligns with requirements</li></ul>
<ul style="list-style-type: none"><li>Bidder agrees and plans for a Patient Navigator to be on staff</li></ul>
<ul style="list-style-type: none"><li>Bidder's staffing plan meets requirements</li></ul>
<ul style="list-style-type: none"><li>Bidder's staffing plan meets requirements</li></ul>
<b>H. Performance Measures</b>
<ul style="list-style-type: none"><li>Bidder states that they are prepared to perform all services to meet the performance measures</li></ul>
<b>I. Reports</b>
<ul style="list-style-type: none"><li>Bidder agrees to record and report all data in formats described</li></ul>
<ul style="list-style-type: none"><li>Bidder agrees to report according to established timelines</li></ul>
<b>2. Staffing</b>
<ul style="list-style-type: none"><li>Provided</li></ul>
<ul style="list-style-type: none"><li>Bidder is not sure if contractors will be used.</li></ul>
<ul style="list-style-type: none"><li>Included</li></ul>
<b>3. Implementation - Work Plans</b>
<ul style="list-style-type: none"><li>Bidder included a high-level work plan for construction which lacked a lot of detail, but it included key milestones and a timeline chart</li><li>Timeline (18 months) seems realistic for project</li><li>-Bidder does not have a location identified at this time</li><li>-Bidder does not identify who is responsible for each task</li></ul>
<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"><li>Bidder is asking for \$7.5MM for building acquisition, construction and fit-up costs</li></ul>

**STATE OF MAINE  
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**DATE:** 2/26/24 – 3/4/24

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>Bidder stated that they have over 30 years of experience providing evidence-based individualized recovery treatment to individuals struggling with SUD and co-occurring mental health disorders.</li><li>Bidder stated that they have 7 locations and 16 programs throughout Pennsylvania and offers a wide range of options to ensure that people in crisis receive the type and level of care that best meets their unique needs.</li><li>Bidder stated that types and levels of treatment at their programs include medically monitored withdrawal management, residential rehabilitation, traditional outpatient program (OP), intensive outpatient program (IOP) and partial hospitalization program (PHP).</li><li>Bidder stated that their parent organization is Acadia Healthcare, which operates a network of 253 behavioral healthcare facilities with approximately 11,000 beds in 39 states and Puerto Rico. Bidder stated that with over 23,000 employees serving 75,000 patients daily, their parent organization, Acadia, "is the largest stand-alone behavioral health company in the US."</li><li>Bidder stated that in Maine, Acadia's network includes 6 fully certified Opioid Treatment Programs (OTPs), including Waterville Comprehensive Treatment Center (Waterville CTC), based in Kennebec County. Bidder stated that CTC is also currently developing a second Kennebec County-based OTP in Augusta, Maine.</li></ul>
<b>Project 1:</b>
<ul style="list-style-type: none"><li>Bidder briefly described opening a 19-bed residential partial hospitalization program with housing in Pennsylvania; programming is 7 days per week, 8:30a.m. – 3:00p.m. and is staffed 24 hours per day.</li><li>No other details such as programs/services provided at this program, aside from the above, were provided.</li></ul>

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**Project 2:**

- Bidder briefly described a “ground-up build of [a] new 52,000 square foot behavioral health facility” in El Paso, Texas. Bidder stated the facility serves adolescents and adults with mental health and SUDs.
- Bidder stated that services include withdrawal management, intensive outpatient program and partial hospitalization program.

**Project 3:**

- Bidder stated that they are planning a 32-bed Withdrawal Management and Residential Substance Use Treatment Center opening March 2024, with a project start date of September 2023.
- Bidder stated that they plan to expand services to over 60 beds in the coming year; and expanded services will continue serving substance use diagnosis as well as residential services for primary mental health treatment, partial hospitalization and intensive outpatient programming.

**2. Subcontractors**

- Bidder wrote “N/A” and that, while Acadia Healthcare will work with a third-party construction and architectural firm, those entities will not be formally contracted until a site is first identified via their real estate team.

**3. Organizational Chart**

- Provided an organizational chart that was not enterprise wide, instead, solely seemed to encompass the project team for this RFP and upper-level management (i.e., “White Deer Run Divisional President”, “Specialty Group President”, “EVP Operations Acadia” and “CEO Acadia”). Other positions within the organization aside from the project team and the upper-level management positions were not included.

**4. Litigation**

- Provided 5 open cases that may seem relevant to scope of services in RFP.

**5. Financial Viability**

- Bidder stated that they were providing their three most recent years of financial data, however, this Evaluator was unable to locate any financial data for the Bidder, specifically.
- Bidder stated that for purposes of transparency and “assurance regarding financial standing”, they have included the “links access to the SEC 10-K filings for Acadia Healthcare Company Inc.”, their parent company. Bidder included their parent organization’s SEC 10-K Filings for 2020-2022, and also included links for such.

**6. Licensure/Certification**

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- Bidder stated that they are not yet a registered and licensed entity in the State of Maine.
- Bidder stated that they will “promptly pursue licensure upon receiving award through the Department’s Division of Licensing and Certification for Behavioral Health Services”; and specifically plan on applying for certification as a Mental Health Agency, Substance Use Disorder Agency and Employee Assistance Program. Bidder stated that they would also apply for other applicable licensures, such as Maine Board of Pharmacy.
- Bidder stated that they would also pursue “appropriate federal-level licensure in parallel, including SAMHSA and DEA, as well as relevant accreditations (e.g., CARF, Joint Commission).”
- In regard to the MaineCare Provider Agreement, Bidder stated that while they do not currently have one, they are confident in their ability to secure one. Bidder also referenced that their parent organization, Acadia Healthcare, has successfully operated “sister CTC clinics” in Maine that serve MaineCare individuals, and they will leverage this experience to expedite the MaineCare Provider Agreement application process. Bidder stated that they will ensure all necessary agreements are in place before commencing services.
- Bidder did not address obtaining State license for provision of Residential SUD Treatment.

**7. Certificate of Insurance**

- Provided on standard ACORD form, insurance is valid and includes: Commercial General Liability; Automobile Liability; Umbrella Liability; Excess Liability; Workers Compensation and Employers’ Liability and Professional Liability.



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Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. Facilities Standards/Requirements
<ul style="list-style-type: none"><li>• Bidder stated that they operate Withdrawal Management Programs (WMP) at seven White Deer Run Treatment Network locations across Pennsylvania. Bidder stated that their WMP are coupled with comprehensive services for patients in need of SUD treatment and include dual-diagnosis residential rehabilitation (for individuals with a primary SUD diagnosis and a secondary psychiatric diagnosis without suicidal/homicidal ideation or psychosis), partial hospitalization programs (PHP), intensive outpatient programs (OTP) and other structured outpatient therapies in a variety of individual, group, and family settings.</li><li>• Bidder stated that their parent organization, Acadia Healthcare, also operates Medication Assisted Treatment (MAT) and Opioid Treatment Program (OTP) providers via its Comprehensive Treatment Centers (CTC) division.</li><li>• Bidder stated that key components of the services they are proposing to co-locate at the one facility include:<ul style="list-style-type: none"><li>○ An SUD Receiving Center, per requirements of RFP. Center will include triage, screening and assessment, care coordination, referrals to required providers, and linkages to individual and group therapeutic interventions and peer support resources;</li><li>○ A Withdrawal Management Program, with 10 beds to meet RFP requirements. Bidder also proposed that patients diagnosed with both SUD and OUD begin treatment for their OUD immediately upon admission to the withdrawal management program. Bidder stated that they propose to operate a dual diagnosis program for SUD patients with a secondary psychiatric diagnosis;</li><li>○ A Residential Recovery Program, not a requirement of the RFP, but the Bidder believes that a residential recovery program is a critical element of successful recovery and proposes offering an additional 26 beds for short-term stay after individuals are discharged from the withdrawal management unit. Bidder stated that the Residential Recovery Program will cater to various SUDs, including alcohol, benzodiazepines, and opiates, presenting a dual-track approach;</li><li>○ An OTP Medication Dosing Unit, not a requirement of the RFP. Bidder stated that they propose an extra feature to enhance comprehensive care and connection to OTP services through a medication dosing unit affiliated with either their Waterville or Augusta CTC to provide MAT</li></ul></li></ul>

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medications to patients during their stay at the SUD Treatment Center. Bidder stated that this unit will ensure patients inducted on methadone or buprenorphine during their withdrawal management unit stay will have seamless access to medication during their residential stay. Bidder stated that this will also create a more seamless transition to MAT, in-person and telehealth individual and group counseling services once patients are discharged from the facility and return to community-based care and housing; and

- “Additional Programs”, wherein Bidder stated that they are also interested in exploring additional patient and community needs with the State to better meet outpatient demand. Bidder stated that potential program offerings to better bridge from a higher to lower ASAM level of care include PHP and IOP.
- For their implementation plan, Bidder stated that development of the proposed facility will require identification and acquisition of additional real estate in Kennebec County. Bidder stated that they are actively engaged with a real estate firm to execute expansion plans via Acadia’s CTC division.
- Bidder stated that they anticipate a 15-to-18-month construction period to fully open the proposed facility, including the SUD receiving center, withdrawal management unit, residential rehabilitation program and medication dosing unit.
- Bidder stated that they have prior experience with opening new withdrawal management and residential rehabilitation facilities and “know the Maine market” and as such, do not foresee any major challenges that could significantly slow down time to implementation or opening, such as hiring and training staff, obtaining licensure, accessing payer contracts, or implementing information technology solutions.
- Bidder stated that the capital investment required to establish a SUD Treatment Center in Kennebec County will be approximately \$14.7 million, including all services specified as well as the additional services mentioned. Bidder stated that they are requesting that the State fund approximately \$7.5 million dollars, about 50 percent of the total capital cost.
- Bidder stated that they are willing to assume the remaining financial risk as they believe these services are critical to withdrawal management program services and residential treatment for their existing OUD patient base in the region.
- Bidder also stated that to ensure long-term sustainability of the proposed facility, the Bidder urges the State and MaineCare to reevaluate reimbursement

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<p>rates associated with withdrawal management and residential rehabilitation services.</p> <ul style="list-style-type: none"><li>• Bidder stated that they affirm that their “organization can meet the regulatory requirements outlined in the RFP, but not necessarily other requirements that are important to ongoing patient care in the long-term if the MaineCare fee schedule remains unchanged from July 2023”. This evaluator is unsure what this statement means and if the statement suggests that the Bidder would be unable to meet all required regulatory requirements for operating services.</li><li>• Aside from reference of previous experience, Bidder did not discuss their understanding of any licensure/certifications required to operate the SUD Treatment Center, including obtaining and maintaining a License to provide Residential SUD Treatment and obtaining and maintaining a MaineCare Provider Agreement.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they are fully prepared and committed to operating the SUD Receiving Center seven days per week, from 7:00a.m. to 11:00p.m. for the first year of service provision and 24/7/365 in subsequent years.</li><li>• Bidder stated that they would gradually increase their staff size over the first year to ensure they have the necessary personnel in place to cover the extended overnight hours by the start of the second year of services. Bidder stated that this will include hiring additional full-time and part-time staff.</li><li>• Bidder stated that as part of their planning for the transition, they will also closely evaluate performance measure data as available from “Year 1” operations and glean insights that may inform the level and type of services they provide in the eight-hour overnight window between 11:00p.m. and 7:00a.m.</li><li>• Bidder stated that, for example, the data required to be submitted for contract resulting from this RFP will be important to review and interpret for overnight program design purposes (e.g., services requested, number of daily clients, return client visits and demand metrics at various times throughout the day).</li><li>• Bidder stated that to the extent available, external data such as Emergency Department trends by hour of day will also be useful to review.</li><li>• Bidder stated that while they will retain capacity overnight for the core services related to triage screening and assessment, data may help them determine the level of demand for other Receiving Center services during these hours, such as individual and group therapy, care coordination, “etc.”.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they have over three decades of experience successfully operating withdrawal management program (WMP) services.</li><li>• Bidder stated that their WMP will include services for outpatient non-medical withdrawal management for patients experiencing mild to moderate symptoms</li></ul>

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and inpatient medically assisted withdrawal management for those with moderate to severe symptoms. Bidder stated that these comprehensive services would be accessible to all patient types, 24 hours a day, seven days a week.

- Bidder stated that their WMP will have at least 10 treatment beds and around-the-clock care and monitoring for patients withdrawing from alcohol, benzodiazepines, opiates and other substances. Bidder stated that when patients present co-occurring disorders, they provide dual-diagnosis care.
- Bidder stated that as a temporary provider, the WMP will actively prepare for the patient's discharge and aftercare planning for further treatment, recovery and primary care services once withdrawal is complete.
- Bidder stated that they will also be an active participant and contributor to Maine's Prescription Monitoring Program to ensure that they and other prescribers have full visibility to their patient's prescription history.
- Bidder stated that they look forward to establishing the facility as a Tier 2 Overdose Education and Naloxone Distribution partner through the Maine Naloxone Distribution Initiative by the time the facility opens.
- Bidder did not address establishing policies around access, coordination, communication with other potential prescribers regarding prescriptions, and treatment for the safety of Clients and to decrease the risk of diversion; aside from mention of becoming an active participant and contributor to Maine's Prescription Monitoring Program.

**B. Referral and Intake Process**

- Bidder stated that they have extensive experience navigating high-volume periods of patient demand for their services, both through walk-in and telecommunications formats.
- Bidder stated that they operate a symptom-based triage protocol to ensure individuals who are at most severe risk of suffering a critical health event are stabilized as quickly as possible.
- Bidder stated that their "skilled clinicians" are trained to quickly assess and prioritize care for:
  - Any patient not medically stable – wherein an immediate referral to an Emergency Department is made for individuals requiring immediate medical attention;
  - Patients exhibiting acute overdose symptomatology – Bidder stated that, depending on the circumstances, the patient may be referred to an Emergency Department for alcohol positioning; benzodiazepine overdose and/or opioid overdose. Bidder stated that staff are also

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<ul style="list-style-type: none"><li>○ prepared to administer first aid treatment as needed, such as an opioid antagonist; and</li><li>○ Patient exhibiting acute withdrawal symptomology - Bidder stated that their clinicians will act according to the severity of symptoms, aiming to prevent risks associated with severe withdrawal symptoms such as seizures, cardiac arrest, or gastrointestinal bleeding, among others.</li></ul> <ul style="list-style-type: none"><li>● Bidder did not address screening for ongoing needs.</li></ul>
<ul style="list-style-type: none"><li>● Bidder stated that they have implemented extensive policies and protocols related to completing comprehensive assessment of patients. Bidder stated that their goal is to gather relevant information and identify the specific needs of each individual to provide appropriate care.</li><li>● Bidder provided the following summary of their key policies and protocols that they have in place:<ul style="list-style-type: none"><li>○ Initial Contact - Bidder stated that upon arrival, individuals are greeted by trained staff who initiate the admission and triage process. Bidder stated that this process involves collecting essential information such as personal details, medical history and substance use history. Bidder stated that their staff follow a standardized protocol to ensure consistency and accuracy in gathering this information.</li><li>○ Assessment and Evaluation - Bidder stated that once initial information is collected, individuals undergo a comprehensive assessment and evaluation conducted by their qualified healthcare professionals. Bidder stated that the assessment includes a thorough physical examination, a Urine Drug Screen analysis and an in-depth biopsychosocial assessment that considers an individual's biological, psychological and social health conditions that may be contributing to problems or difficulties they are experiencing.</li><li>○ Screening for Co-occurring Disorders - Bidder stated that their screening process includes a thorough evaluation for co-occurring disorders such as anxiety, depression, or trauma-related conditions.</li><li>○ Determining Level of Care - Bidder stated that based on the assessment and evaluation results, their team will determine the appropriate level of care for the patient in accordance with the most current edition of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5). Bidder stated that this may include residential treatment, intensive outpatient programs or outpatient services. Bidder stated that they consider factors such as the severity of substance use, medical conditions and the individual's support system to make an informed decision.</li></ul></li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

**BIDDER NAME:** White Deer Run, LLC

**DATE:** 2/26/24 – 3/4/24

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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<ul style="list-style-type: none"><li>○ Continuum of Care Planning - Bidder stated that they will develop a comprehensive continuum of care plan for each individual; outlining the recommended treatment interventions, goals and objectives tailored to their specific needs. Bidder stated that it also includes strategies for ongoing monitoring, relapse prevention and aftercare support.</li></ul>
<ul style="list-style-type: none"><li>● Bidder stated that their existing policies and procedures for admissions criteria align with the eligibility criteria described in the referenced Maine regulations.</li><li>● Bidder stated that their criteria for admissions to the Withdrawal Management Program services will correspond with the six dimensions of the American Society of Addiction Medicine (ASAM) criteria: 1. Acute Intoxication and/or Withdrawal Potential; 2. Biomedical Conditions and Complications; 3. Emotional, Behavioral or Cognitive Conditions and Complications; 4. Readiness to Change; 5. Relapse, Continued Use or Continued Problem Potential; and 6. Recovery and Living Environment.</li><li>● Bidder stated that admission decisions are made using the American Society of Addiction Medicine Criteria 3.7 Withdrawal Management (WM). Bidder stated that all clinical staff making admission decisions will be trained in ASAM.</li><li>● Bidder stated that in order to be admitted for inpatient non-hospital rehabilitation services, the adult must meet the following: 1) have a “substance abuse” or dependency diagnosis as defined in the DSM-5; 2) must meet ASAM 2.7 WM services; and 3) must be 18 or above.</li><li>● Bidder included a statement stating that patients requesting admission will not be discriminated against due to ethnicity, marital status, race, “color”, religion, creed, national origin, sex, disability or sexual preference. Bidder stated that whenever possible, accommodation will be made for those with disabilities. Bidder stated that if a prospective patient cannot be accommodated, they will be referred to another facility better able to meet their needs.</li><li>● Bidder described the conditions when a patient would be excluded from admission, they are:<ul style="list-style-type: none"><li>○ Patient who does not have a need for withdrawal management services (i.e., patients who do not have a chemical dependency diagnosis);</li><li>○ Patients who do not meet the ASAM 3.7 WM criteria for this level of care;</li><li>○ Severe psychiatric condition(s) that the facility is not designed to treat and where the patient would be unable to participate in program or would present as a safety risk to other patients (i.e., “actively psychotic, suicidal, homicidal, etc.”); and</li><li>○ Severe physiological disability that the facility is not designed to treat and where that disability would prohibit active participation in the</li></ul></li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

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\*\*\*\*\*

<p>program, or the disability would present as a safety risk to other patients.</p> <ul style="list-style-type: none"><li>• Bidder stated that as part of their comprehensive assessment practices and ongoing treatment protocol, a physician documents in writing the medical necessity of WM services and ensures continued medical necessity throughout the patient's course of treatment.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that referrals are made when their screening and assessment indicates that a patient is ineligible to receive services at the SUD Treatment Center, due to having a level of need that the Center is not designed to treat, or when assessment indicates a patient is eligible for services at the Center but has additional needs that require outside services.</li><li>• Bidder stated that when a referral is deemed appropriate, their clinicians discuss with the patient their identified needs, treatment options and locations; ensuring that the patient stays informed and is given voice and choice as to next steps.</li><li>• Bidder stated that following this, a release of information (ROI) is complete to obtain necessary consent for sharing relevant information with other agencies or providers.</li><li>• Bidder stated that after the ROI, they contact the selected facilitates to inquire about bed availability and securely transmitting the patient's assessment and summary. Bidder stated that this communication helps determine if there are suitable openings for the patient and provides the necessary information for the facilitates to make an informed decision regarding their ability to receive the patient. Bidder stated that if the external provider is in a position to receive the patient, it is not uncommon for additional forms to be requested from the patient and the Bidder. Bidder stated that forms vary depending on the specific requirements of each provider, and they support the patient in completing them expeditiously in order to streamline the admission process.</li><li>• Bidder stated that if transportation to the provider is needed, the Bidder is prepared to arrange a ride for the patient. Bidder stated that depending on the circumstances, the ride may be arranged through a local taxi service, Uber Health, MaineCare's Non-Emergency Transportation or the Bidder's organization's private van.</li><li>• Bidder stated that throughout the referral process, referral and referral follow-up forms are completed to ensure that progress is tracked and that the patient's needs are met effectively.</li><li>• Bidder solely addressed referrals to facilities with beds, and did not address general community referrals (e.g., outpatient services).</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

**BIDDER NAME:** White Deer Run, LLC

**DATE:** 2/26/24 – 3/4/24

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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- Bidder stated that they will offer a “robust” set of services through the SUD Receiving Center component of the project.
- Bidder stated that the SUD Receiving Center will also cater to the needs of the family members of those with SUD and other community members who are concerned about the impacts of SUD in Central Maine.
- Bidder stated that included among the services that the SUD Receiving Center will offer are:
  - Comprehensive screening, assessment and triage;
  - Connection to Withdrawal Management Program co-located in the SUD Treatment Center;
  - Referral for acute and ongoing care needs, including the 26-bed residential recovery program that the Bidder proposes to co-locate at the SUD Treatment Center;
  - Navigation and connection to bridge services offering other health and social supports;
  - Outpatient services including daily individual and group therapy sessions;
  - Medication initiation and maintenance services through co-located Medication Dosing Unit; and
  - Substance misuse and overdose education, and naloxone distribution to community members as a Tier 2 partner of the Maine Naloxone Distribution Initiative (MNDI).
- Bidder stated that these services will be implemented by a multidisciplinary team of providers, available seven days per week.
- Bidder stated that in the first year of service operation, the Receiving Center will be open from 7:00a.m. to 11:00p.m. and will eventually operate around the clock, 24 hours per day, by the second year of services.

**C. Client Coverage Screening and Billing Methods: MaineCare, Medicare, and Private Health Insurance**

- Bidder stated that they are prepared to execute the coverage screening and billing requirements described.
- Bidder stated that they have policies and procedures in place to accurately determine each client’s health insurance status; and upon determination, they are prepared to handle various scenarios including for individuals who are MaineCare members with or without other health insurance coverage, individuals with private health insurance, Medicare-only coverage, dual eligibility (MaineCare and Medicare), and uninsured individuals.
- Bidder stated that they will ensure their billing procedures are aligned with the stipulations for each scenario, ensuring accurate and timely billing, as well as



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

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**DATE:** 2/26/24 – 3/4/24

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

crediting patients, as appropriate, upon receiving retroactive reimbursement from MaineCare or any other payor.

- Bidder stated that they are experienced in assisting individuals who do not have health insurance navigate their options and identify eligibility for public benefits, such as MaineCare. Bidder stated that they will support patients in applying for MaineCare benefits within 14 days of first receiving services at the SUD Treatment Center, and every six months thereafter.
- Bidder did not address managing funds so that individuals receiving services under the contract resulting from this RFP are not prematurely discharged when the clinical need for the service is still present.

**C. SUD Receiving Center Service**

- Bidder stated that clinical care staff build upon the comprehensive assessment to develop an Individualized Treatment Plan (ITP) for each patient; Bidder stated that this process involves multiple steps and ensures active participation from the patient.
- Bidder stated that the ITP includes the patient's diagnosis and reason for receiving the service, measurable short-term and long-term goals with target dates and objectives, and the tasks the member must perform to complete the goals.
- Bidder stated that the ITP will also specify the specific services to be providing, including amount, frequency, duration and practice methods of services. Bidder stated that it will also designate who will provide the service and document any co-occurring services and natural supports, if applicable.
- Bidder stated that the ITP will include measurable discharge criteria to ensure that progress can be tracked and evaluated. Bidder stated that it will also address any special accommodation needed to address physical or other disabilities to provide the service.
- Bidder stated that for clients receiving medication for opioid use disorder, the ITP will include the dosage plan as documented by a physician or physician extender advanced practice professional in the member's record.
- Bidder stated that the initial ITP will be signed by the clinician, member and any other participants involved such as service providers or parents/guardians.
- Bidder stated that for OTP services, the initial ITP will be signed by the medical director.
- Bidder stated that the first thirty or ninety-day period will begin with the date of the initial signed ITP.

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

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**DATE:** 2/26/24 – 3/4/24

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

<ul style="list-style-type: none"><li>• Bidder stated that in accordance with the referenced regulations, each ITP will be reviewed at all major decision points and no less frequently than every ninety days.</li><li>• Bidder stated that if clinically indicated, a patient's needs may be reassessed and the ITP may be reviewed and amended more frequently.</li><li>• Bidder stated that any changes to the ITP will be in effect as of the date it is signed by the clinician and patient; and all participants involved in the review will sign, credential (if applicable), and date the reviewed ITP.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they are prepared to meet and exceed all referenced Outpatient Care service requirements.</li><li>• Bidder stated that in operating the SUD Receiving Center, they will be prepared to receive patients on a scheduled, walk-in or emergency basis, and they have symptoms-based triage protocols in place to serve patients according to need.</li><li>• Bidder stated that all patients undergo a thorough comprehensive assessment, including a physical examination and biopsychosocial assessment that will be used to inform the development and implementation of an ITP.</li><li>• Bidder stated that the facility will have a robust daily offering of individual, group and family counseling services provided by a team of licensed behavioral health counselors as supervised by a psychiatrist.</li><li>• Bidder stated that the clinical staff will also be actively engaged in supporting patients in need of further treatment or medical care through referrals to other providers as appropriate.</li><li>• Bidder stated that counselors and case managers will facilitate connections to other wraparound services that support patients in their recovery, including educational enrichment, workforce development programs, legal services and other social services for access to food, clothing, housing, enrollment in public benefits and skill development for financial literacy and other life skills.</li><li>• Bidder stated that clinicians will also educate patients and the public about chemical abuse through individual and group counseling sessions.</li><li>• Bidder stated that included in their outpatient services will be induction to treatment medications, such as the three FDA-approved medications for opioid use disorder (MOUD): methadone, buprenorphine, and naltrexone.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they are prepared to refer patients to all appropriate outside services according to need within seven days of their intake. Bidder referred to their response to B.4. for their general referral policy.</li><li>• Bidder stated that when a patient who is currently engaged in their Withdrawal Management Program needs urgent medical or wound care, a clinician</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

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**BIDDER NAME:** White Deer Run, LLC

**DATE:** 2/26/24 – 3/4/24

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

<p>accompanies the patient to the external provider (e.g., emergency department or urgent care center) and back so as to ensure there is no lapse in their continuous monitoring responsibilities.</p> <ul style="list-style-type: none"><li>• Bidder stated that when possible and as needed (e.g., for transportation challenges or a patient is engaged in the WMP), they are also prepared to arrange referral to outside treatment via telehealth with the patient engaged while at the SUD Treatment Center.</li><li>• Bidder did not directly address referring Clients from the SUD Treatment Center side to Wound Care, Bridge Services, Outreach services, substance use care and mental health counseling services.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they are prepared to facilitate a seamless transition for incoming patients to the SUD Treatment Center (e.g., those who initiated MOUD through jails/prisons, a hospital emergency department or other facility) as well as for outgoing patients (those who initiated MOUD at the SUD Treatment Center through outpatient medication dosing and/or medically-managed withdrawal services) who wish to maintain ongoing treatment through an external OTP or other provider.</li><li>• Bidder stated that they are prepared to provide or arrange transportation for patients who are referred to their facility, including door-to-door rides from local correctional facilities and emergency departments to the SUD Treatment Center.</li><li>• Bidder stated that upon receiving new patients, their comprehensive assessment process helps them gain an understanding of the patient's full array of circumstances, including the material and social support resources available to them that serve as either an asset and/or challenge to their ability to maintain regular treatment at the SUD Treatment Center. Bidder stated that they will work with patients to address any identified challenges early on.</li><li>• Bidder stated that when preparing a plan to transition care for a patient from the SUD Treatment Center to an external provider, they will support the patient in identifying each potential provider's location, payment options, and service hours and vetting how they align with the patient's needs in these regards. Bidder stated that only once these "dynamics" have been fully reviewed and considered by the patient will they proceed with making the referral and transition of care.</li></ul>
<b>D. Withdrawal Management Program Services</b>
<ul style="list-style-type: none"><li>• Bidder stated that similar to their protocol for developing ITPs, described in their responses to D.1 and D.2, the Bidder will build upon the comprehensive assessment to develop and ITPs.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

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**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

<ul style="list-style-type: none"><li>• Bidder stated due to the higher level of care associated with inpatient Withdrawal Management Program services, the ITP for Withdrawal Management services will be developed within 24 hours from admission and updated at least every 48 hours thereafter for as long as the patient remains engaged in the program.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that aligned with the referenced license/certificate requirements, their services include outpatient non-medical withdrawal management for patients experiencing mild to moderate symptoms, and inpatient medically assisted withdrawal management for those with moderate to severe symptoms.</li><li>• Bidder stated that these comprehensive services will be accessible to all patient types, 24 hours a day, seven days a week.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that each ITP will be reviewed and updated at least every 48 hours.</li><li>• Bidder stated that aligned with evidence-based best practices in the withdrawal management field, ITPs for this type of service will involve application of various clinical tools for ongoing withdrawal assessment, depending upon the nature of the patient's substance use history and dependency.</li><li>• Bidder stated that the tools include CIWA-Ar, SAWS, CIWA-B and COWS, and are administered at regular intervals (regular intervals not described) to gauge the patient's withdrawal progress and inform the patient's continued need and dosage level for medication for withdrawal.</li></ul>
<b>E. General Requirements</b>
<ul style="list-style-type: none"><li>• Bidder stated that they understand the daily information logging requirements described and are well-prepared to meet them.</li><li>• Bidder stated that their approach leverages advanced enterprise information technology systems that support comprehensive data recording and visibility.</li><li>• Bidder stated that their toolkit includes an Electronic Health Record (EHR) system, Best Notes, which provides a comprehensive digital record of patient health information.</li><li>• Bidder stated that they also utilize Med Host, a financial management program specifically tailored for healthcare, ensuring efficient financial operations.</li><li>• Bidder stated that they also employ Salesforce, a robust Customer Relationship management (CRM) platform which aids them in tracking and communicating with their clients.</li><li>• Bidder stated that each of their systems offers customization options, making them potentially instrumental in maintaining a daily log of the required information.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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| <ul style="list-style-type: none"><li>• Bidder stated that they adhere to and enforce established procedures for documenting and reporting Critical Incidents, ensuring alignment with the Department's requirements.</li><li>• Bidder stated that their policies encompass specific protocols for a variety of unusual incident scenarios, including:<ul style="list-style-type: none"><li>○ Staff or client involvement in physical or sexual assault;</li><li>○ The sale or use of illicit drugs on their premises;</li><li>○ Death or serious injury resulting from trauma, suicide, medication errors or other unexpected circumstances;</li><li>○ Significant service disruptions or structural damage to the facility due to disasters such as fires, storms, floods or similar events;</li><li>○ Incidents of theft, burglary, break-ins, or similar occurrences;</li><li>○ Events at the facility necessitating the presence of police, fire, or ambulance personnel; and</li><li>○ Reports of patient abuse, encompassing physical, verbal, sexual and emotional abuse.</li></ul></li><li>• Bidder stated that they acknowledge that it is impossible to anticipate all potential scenarios that may warrant reporting. Bidder stated that they are committed to interpreting future unusual incidents against the standards outlined in the Department's written requirements, which mandate the reporting of "adverse occurrences that imperil life, limb, or well-being, that seriously violate agency policy, or that breach client rights."</li><li>• Bidder stated that in line with such, they are prepared to document and report all Critical incidents through the Department's Designated System within a 24-hour timeframe.</li></ul> |
| <ul style="list-style-type: none"><li>• Bidder stated that they will maintain patient records in accordance with the referenced requirements.</li><li>• Bidder stated that patient records will hold all necessary information pertaining to the patient's care, including their medical and social history, comprehensive assessment, diagnosis, ITP and discharge plan, among other required information.</li><li>• Bidder stated that all patient records will be securely stored in their EHR system.</li></ul>   |
| <ul style="list-style-type: none"><li>• Bidder stated that within 72 hours following a patient's departure, the clinical team will compile a comprehensive discharge summary, that will be stored securely in their EHR.</li><li>• Bidder stated that this summary will encapsulate key details such as the discharge date, rationale behind the discharge and the individual or provider to whom the patient was discharged, as applicable.</li></ul>  |

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** Office of Behavioral Health

\*\*\*\*\*

<ul style="list-style-type: none"><li>• Bidder stated that the summary will provide an overview of the services rendered during the patient's treatment period, including an assessment of progress; any needs that remained unaddressed at the time of discharge; their final diagnosis; and a detailed account of any recommended aftercare services.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they are prepared to utilize the Department's Designated System to enter all treatment and demographic data, as appropriate, for the specific service(s) provided.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they have established and implemented a Quality Improvement Program Plan (QIPP) on an annual basis that is designed to continuously improve services and treatment and maintain a safe environment of care.</li><li>• Bidder stated that their QIPP is a systematic, integrated and collaborative approach to increase the probability of desired patient outcomes and strengthen organizational functioning.</li><li>• Bidder stated that their plan calls on all leaders and employees to contribute to quality assurance and improvement.</li><li>• Bidder stated that their Governing Body has the ultimate authority and responsibility to establish and support the program, and their Senior Leadership Team provides leadership in implementation. Bidder stated that employees of all levels have the authority and responsibility to identify, communicate and participate in finding new ways to improve care, treatment and services, and to maintain safety in their operations.</li><li>• Bidder stated that employees are urged to discuss ideas or concerns with their supervisor, designated risk manager/safety officer, and other executives.</li><li>• Bidder stated that education on fraud, waste and abuse occurs at new hire orientation and annually during mandatory staff trainings to ensure employees are informed, prepared and up-to-date with all applicable laws, regulations and requirements in this regard.</li><li>• Bidder stated that the Senior Leadership Team distributes the annual QIPP to managers and supervisors to be used as part of orientation, training, and other Performance Improvement initiatives throughout the year.</li><li>• Bidder stated that their most recent QIPP identified the following Performance Improvement measures/indicators: Clinical Evaluation; Patient Satisfaction; Risk Management/ Environment of Care Activities that include, at minimum, infection control; Patient Engagement that includes completion of treatment and internal referrals; and Chart to Charge billing audit.</li><li>• Bidder stated that data on the indicators listed are collected on a monthly basis and evaluation of the findings occur on an ongoing basis.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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<ul style="list-style-type: none"><li>• Bidder stated that the Senior Leadership Team conducts preliminary monthly reviews to identify any aspects of care, treatment or services that could affect safety or negatively impact patient outcomes. Bidder stated that it is then their responsibility to identify and assign responsibility for any targeted improvement processes and actions plans that needed to be implemented in order to correct identified variances or problems.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they will be responsive to all data requests made by the Department.</li><li>• Bidder stated that they have dedicated administrative staff available daily to support operations and pull reports from their EHR, and other enterprise software as needed.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they will provide both MAT induction and maintenance services on-site and facilitate a warm hand-off to MAT providers off-site whenever necessary, or as requested by a patient.</li><li>• Bidder referred to their response to D.5 regarding their approach to making referrals in this regard.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they are experienced in engaging with both prospective clients and enrolled patients through telehealth and maintains policies and procedures that guide use of this format.</li><li>• Bidder stated that prior to engaging in telehealth services, clients are assessed for their suitability for telehealth based on their specific needs and circumstances.</li><li>• Bidder stated that informed consent is obtained from clients, outlining the nature of telehealth services, potential risks and benefits, confidentiality, and the client's rights and responsibilities.</li><li>• Bidder stated that their telehealth policies emphasize the importance of maintaining professional standards and ethics in the delivery of telehealth care.</li><li>• Bidder stated that their providers are trained in clinical guidelines and best practices for telehealth services; and these guidelines ensure that telehealth sessions are conducted in a manner that is consistent with in-[person care, including assessment, diagnosis, treatment planning and interventions.</li><li>• Bidder stated that their telehealth policies also include protocols for managing emergency situations and crises that may arise during telehealth sessions. Bidder stated that these protocols outline the steps to be taken to ensure the safety and well-being of clients, including appropriate referrals and coordination with emergency services.</li><li>• Bidder did not address providing services to Clients in community settings as needed, excluding telehealth.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

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| <ul style="list-style-type: none"><li>• Bidder stated that they will build referral partnerships with all allied service sites and critical nodes, recognizing that these relationships are essential to realizing the “fullest vision” of the SUD Treatment Center as a “hub SUD treatment and connection to care in Central Maine.”</li><li>• Bidder stated that as a starting point, they expect their referral partnerships to include: the Kennebec County Correctional Facility; Emergency Departments at MaineGeneral Medical Centers (Augusta and Waterville), Northern Light Inland Hospital and Togus VA Medical Center; and other providers of SUD Treatment and Withdrawal Management services, such as Kennebec Behavioral Health, Crisis Counseling Centers, and MaineGeneral+ Residential Services, Everest Recovery Center and Waterville Comprehensive Treatment Center.</li></ul> |
| <ul style="list-style-type: none"><li>• Bidder stated that their network of sister clinics/providers through the Acadia Healthcare Network includes seven OTPs located in Maine, including the Waterville Comprehensive treatment Center (Waterville CTC) located in Kennebec County.</li><li>• Bidder stated that their colleagues at Waterville CTC maintain a referral relationship with the other OTP located in the County, Everest Recovery Center, based in Manchester.</li><li>• Bidder stated that they will maintain referral relationships with both OTPs, and all others in the State of Maine.</li><li>• Bidder stated that they would also maintain a referral relationship with SSPs in the area, including MaineGeneral Health’s Harm Reduction Program, which has presences in Waterville and Augusta.</li></ul>   |

**F. Confidentiality of Protected Health Information (PHI)**

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| <ul style="list-style-type: none"><li>• Bidder stated that they are fully committed to maintaining the confidentiality and security of all Protected Health Information (PHI) and other individually identifiable information.</li><li>• Bidder stated that they have implemented robust systems and protocols to ensure that all such information, whether provided by the Department, accessed via Department systems, or received from individuals as part of the SUD Treatment Center, is treated as confidential.</li><li>• Bidder stated that these measures ensure that they operate in line with applicable state and federal confidentiality laws, including HIPAA, Maine’s Notice of Risk to Personal Data Act, and the Department’s Business Associate Agreement.</li><li>• Bidder stated that in the event of a breach or potential breach of confidentiality, they will notify the Department immediately.</li></ul> |
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**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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- Bidder stated that they are ready to collaborate with the Department to investigate, document and respond to any actual or potential breach of confidential information.
- Bidder stated that they are also prepared to meet quarterly, either in-person or via telephone conference, with the Department to review PHI compliance and discuss any potential concerns related to confidential information.
- Bidder did not address ensuring all communication containing HIPAA data is encrypted to AES-256 strength.

**G. Staffing Requirements**

- Bidder stated that they understand the staffing requirements and propose a staffing plan that aligns with the minimum requirements.
  - Bidder referred the reader to Attachment 8 – Job Descriptions and Attachment 9 – Staffing Plan.
  - Bidder did not include a job description requiring a position with CCS qualification, at minimum.
  - The job description for “Social Worker I” only requires eligibility for state licensure as an LSW, LAC, CAC, or RAC. Bidder does not have a position requiring LCSW, as required by the RFP.
  - Bidder did not include a job description requiring a position with LADC qualification, at minimum.
  - Bidder did not include a job description requiring a position with CADC qualification, at minimum.
  - Bidder did not include a job description requiring a position with the Recovery Coach certification, at minimum.
- 
- Bidder stated that they will retain a Patient Navigator on staff.
  - Bidder referred the reader to Attachment 8 – Job Descriptions and Attachment 9 – Staffing Plan.
  - Bidder did not have a specific job description/position with the title of “Patient Navigator”, however, it seems like the job description for the “Outpatient Treatment Program Liaison” would encompass this role. Unsure why, Bidder did not include this position in their staffing plan.
  - For the “Outpatient Treatment Program Liaison” position, in the job description, Bidder included the following performance goals to be met for this position, stating:
    - That the Community Liaison will conduct outreach a minimum of three times per week to identified providers, community organizations, corrections and other agreed-upon touchpoints and prepare a monthly report of outcomes.

# STATE OF MAINE INDIVIDUAL EVALUATION NOTES

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

**BIDDER NAME:** White Deer Run, LLC

**DATE:** 2/26/24 – 3/4/24

**EVALUATOR NAME:** Anna Ko

**EVALUATOR DEPARTMENT:** Office of Behavioral Health

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<ul style="list-style-type: none"> <li>○ That they would establish and implement a referral protocol between their OTP and providers on a Referral Form; and</li> <li>○ That they would raise awareness of services offered through face-to-face presence with potential clients who need help. Bidder stated this would entail the Liaison committing to the goal of entering into a formal written agreement with at least 5 community providers per year.</li> <li>• Ensuring compliance with data tracking and reporting requirements was not included in the job description.</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder stated that their staffing plan meets the requirements described and directed the reader to their Attachment 8 – Job Descriptions and Attachment 9 – Staffing Plan.</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder stated that their staffing plan meets the requirements described and directed the reader to their Attachment 8 – Job Descriptions and Attachment 9 – Staffing Plan.</li> </ul>
<b>H. Performance Measures</b>
<ul style="list-style-type: none"> <li>• Bidder stated that they are prepared to perform all services described in the RFPF and meet the Mandatory Performance Measures described in Table 1.</li> <li>• Bidder stated that for Performance Measure A, the reader to refer to their responses to C.5, E.8 and E. 11.</li> <li>• Bidder stated that for Performance Measure B, for the reader to refer to their response to E.10.</li> <li>• Bidder stated that their readiness to meet the requirements of Performance Measure C, as described in their responses to B.4. and C.4.</li> <li>• Bidder stated that they and their associated network of nationwide providers are experienced in stewarding public funds and successfully meeting all reporting requirements.</li> <li>• Bidder stated that they have reviewed the Performance Measure Report and are prepared to utilize it as necessary to report back to the Department on a monthly basis regarding the progress of this project.</li> </ul>
<b>I. Reports</b>
<ul style="list-style-type: none"> <li>• Bidder stated that they have reviewed the reporting requirements described in Table 2 and is prepared to record all data/information necessary and report them to the Department in the formats described.</li> </ul>
<ul style="list-style-type: none"> <li>• Bidder stated that they have reviewed the reporting requirement timelines described in Table 3 and is prepared to meet these obligations.</li> </ul>
<b>2. Staffing</b>
<ul style="list-style-type: none"> <li>• Provided, includes job descriptions for: CEO; Medical Director; Activity Therapist; Director- Nursing Recovery/Specialty; Director – Clinical Services;</li> </ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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<p>Director – Activity Therapy; Director – Risk Management; Physician, with job description including the requirement for current credentials to prescribe controlled substances; Behavioral Health Associate I with job description only requiring a high school diploma and six months or more of working with the specific population as a preferred requirement; Counselor I, job description includes broad language requiring licensure or certification as required by the state; LPN – LVN; Outpatient Treatment Program Liaison; Peer Support Specialist; RN; Social Worker I; and Therapist I, job description includes broad language regarding meeting requisite state or national licensure for professional therapy providers, or eligible for state licensure.</p> <ul style="list-style-type: none"><li>• Unclear if Bidder will be seeking candidates with personal lived experience in Recovery for the Peer Support Positions, as no qualifications were listed for this job description.</li></ul>
<ul style="list-style-type: none"><li>• Bidder stated that they are not yet sure if subcontractors or consultants will interact with their implementation of the SUD Treatment Center.</li><li>• Bidder stated that it is possible that they may utilize a subcontracting relationship to incorporate the services of a Medical Doctor/Doctor of Osteopathic Medicine, a Certified Registered Nurse Practitioner and a psychiatrist.</li></ul>
<ul style="list-style-type: none"><li>• Provided.</li><li>• Bidder did not include the Outpatient Treatment Program Liaison in the staffing plan, however, did include a job description for this position.</li><li>• Bidder included “Admissions/Intake Director”, “Administrative staff”, “Admissions/Intake staff”, “Medical Records Staff”, “Ancillary/Rec. Therapist”, “Dietary Director”, “Dietary Staff” and “Utilization Management Director” in the staffing plan, however, no job descriptions were included with similar titles.</li><li>• Bidder referred to “Quality/Risk Staff” in the staffing plan, however, the only similar position included in the job descriptions was “Director – Risk Management”. Aside from the director-level staff person, no other “Quality/Risk” – related job titles were included with the job descriptions provided.</li><li>• Bidder stated that more staff would be added as needed, including upon expansion of the SUD Receiving Center to 24/7/365 operations.</li><li>• Bidder stated that their recruitment and onboarding of program personnel is supported by a five-person recruitment team in place through their parent company, Acadia Healthcare. Bidder stated that this team manages the entire hiring process, employing a cloud-based talent platform to manage milestones; with job opportunities posted on Indeed, Glassdoor and local job boards.</li></ul>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

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- Bidder stated that once staff are hired, all staff undergo a comprehensive orientation program that provides a foundational understanding of the Bidder's mission, programs, policies and procedures, and sensitivities related to working with and serving their unique patient population.
- Bidder stated that ongoing training will occur to keep staff regularly updated on new research, evidence-based practices and emerging trends in behavioral healthcare and addiction treatment.

### **3. Implementation - Work Plans**

- Bidder provided a high-level program timeline for their Attachment 10, with tasks broadly listed (e.g., "Land search", "Design and Permitting", "Construction").
  - Bidder stated that they are actively engaged with a real estate firm that they have partnered with in Maine in the past for CTC expansion to identify a location for the treatment center facility. Bidder stated that key milestones and activities that will occur after the location is identified, and during the design and construction phases are also provided.
  - Bidder gave specific start and end dates for broad tasks delineated; with the task of "First Patient" occurring 11/19/25.
  - Bidder also included in their Attachment 10 a list of "Key Milestones and Activities Design/Construction Activities" with no related timelines of completion for each task included (e.g., month it would be carried out).
- For Attachment 11 – Bidder's attachment is in narrative form, as opposed to a timeline chart.
  - Bidder delineated their work into three phases: "Phase 1: Pre-Implementation Preparation" (5/2025 – 7/2025); "Phase 2: Regulatory Approvals and Staff Preparation (8/2025 – 11/2025)"; and "Phase 3: Launch and First Year Optimization" (11/2025 Launch – November 2026).
  - During Phase 1, Bidder stated that a dedicated local leadership team will be assembled, including a CEO. Bidder stated that the project team will engage in activities such as submitting proposals, undergoing city inspections upon project completion and preparing for state licensing and certification. Bidder stated that they would also begin executing an Initial Community Relations Plan, informed by standards established by the Center for Substance Abuse Treatment (CSAT).
  - During Phase 1, Bidder stated that they would also establish interpersonal contact with publicly elected representatives, local health, substance use, social and/or human service agency directors, business

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INDIVIDUAL EVALUATION NOTES**

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organization leaders, law enforcement and justice system leaders, and religious and spiritual leaders.

- During Phase 1, Bidder also stated that they would work with the Maine Naloxone Distribution Initiative (MNDI) to join as a Tier 2 Naloxone distributor.
- During Phase 2, Bidder stated that full-fledged recruitment efforts will commence 90 days before the planned opening in order to secure the administrative and clinical personnel needed to open the facility, with adequate time for hiring, orientation and training. Bidder stated that this phase would also include concurrent essential approval seeking from regulatory bodies, including state licensing and certification processes, with scheduled visits and approvals anticipated.
- During Phase 2, Bidder stated that as regulatory milestones progress, attention will be turned to staff training and product inventory management. Bidder stated that comprehensive training programs will be implemented to equip the team with the necessary skills and knowledge; and meticulous inventory planning will ensure that the facility is well-stocked with the required resources, preparing for a smooth transition into the operational phase.
- During Phase 3, Bidder stated that with regulatory approvals secured, staff trained and inventory in place, this final phase begins with the official launch of the SUD Treatment Center and extends through the completion of 12 months of operation.
- During Phase 3, Bidder stated that as the facility becomes operational, a robust marketing and community relations effort will commence to raise awareness about the availability of this new community resource. Bidder stated that this will include deployment of promotional materials, outreach and community education events, and collaborations with local organizations and healthcare providers.
- During Phase 3, Bidder stated that the facility will actively participate in local events, health fairs and workshops to establish a visible presence within the community. Bidder stated that building strong relationships with allied service sites, emergency departments, jails and other “critical nodes” will be a priority, with the goal to foster a supportive network that enhances the facility’s ability to reach individuals in need of SUD services.
- Bidder stated that first year and ongoing optimization efforts will focus on monitoring operations, gathering real-time feedback and addressing any challenges that may arise. Bidder stated that continuous

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collaboration with the Department of Health and Human Services will help them ensure that the Center's services are meeting the intended vision and requirements.

- Bidder stated that later in Phase 2, they will hire additional staff to prepare for the expansion of the SUD Receiving Center's hours to 24/7/365 care. Bidder stated that they will utilize performance measurement data tracked through this project to inform them of the level of additional staffing necessary.

**Part IV, Section IV. Cost Proposal and Budget Narrative**

- Budget Narrative provided. Bidder stated that they would need \$14,475,000 for proposed start-up costs, however, the Bidder is only requesting \$7,500,000.00 from the State to fund development of the proposed Kennebec County SUD Treatment Center (approximately 50% of total start-up costs).
- Bidder stated that they will assume all operating costs of operation, upon opening. Bidder stated that they and Acadia are willing to assume the remaining financial risk as they believe these services are critical to reduce barrier to access in detoxification services and residential treatment for their existing OUD patient base in the region.
- Bidder stated that the approximately \$14.7 million needed in capital investment to establish the Center includes all services specified in the RFP, as well as additional services they view as vital to assist individuals in their recovery.
- Bidder stated that they are not requesting funding for service delivery, including staff/personnel costs, but have included the details of their three-year expense forecast (4/1/23-3/31/26) in the provided budget template form (Form 2 – Expenses & Form 3 – Personnel). Bidder stated that since they are not requesting additional expense coverage beyond a proportion of their project start-up costs, they have left the remaining SUD Treatment Center Services Budget form tabs blank.
- Bidder also stated, to ensure long-term viability of the proposed Center, the Bidder also requests the State reevaluate MaineCare rates for withdrawal management and residential rehabilitation services.
- Pre-construction costs include Environmental Site Assessment (ESA), surveying, geotechnical analysis, zoning considerations, legal fees, contractor preconstruction services and permits and fees. Bidder stated that the estimated costs for pre-constructions services is \$345,000.
- For building construction – Bidder stated that the total building construction cost is estimated at \$12,620,000.00, encompassing both interior and exterior components.

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INDIVIDUAL EVALUATION NOTES**

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- Bidder stated that for exterior, costs are \$3,120,000 and primarily involve land acquisition.
  - Bidder stated that interior costs are \$9,500,000 to cover design fees, all construction expenses, testing and inspection, and construction administration.
- Bidder stated that for staffing, as noted previously, they will assume all pre-construction staffing costs. Bidder stated that detailed staffing requirements and associated expenses are outlined separately in their provided budget form.
- For equipment, Bidder stated that the acquisition of furniture totals approximately \$1,000,000 and includes fixtures, equipment and signage essential for outfitting the treatment center with the necessary resources to support patient care and administrative functions.
- Bidder stated that the other equipment component is IT, and the IT hardware, software, infrastructure, cabling and installation of all devices have an estimated cost of \$780,000. All totaling to \$14,745,000.00 to establish the Center in Kennebec County.
- Bidder stated that a full detailed breakdown of all pre-construction and construction cost, FF&E (acronym not spelled out) by line item and full IT budget of CAPEX Technology, hardware, installation and implementation costs along with software and software licensing costs can be provided upon request.
- Bidder provided their SUD Treatment Center Start-up Cost Form; Bidder did not include detailed line items for each category of relevant costs, instead, Bidder just provided general overarching statements in description (e.g., for “Interior” Bidder wrote \$9,500,00 for “Design Fees, All Construction, Testing & Inspection, Construction Administration”, without specific item costs delineated).
  - As stated in budget narrative, Bidder is solely seeking physical structure and equipment costs for the facility. Bidder is not seeking any funding for staffing costs and will absorb all pre-construction staffing costs.
- Bidder provided their SUD Treatment Center Services Budget Form, illustrating their anticipated ongoing service costs for the Center. Per Bidder, these costs would be covered by the Bidder, and they are not seeking funding from the State to support these ongoing service costs.
- Bidder’s total FTE listed on their Direct Personnel Expenses form adds up to 38.64 total FTE, including Administrative Staff. However, Bidder’s staffing plan has an FTE total of 28.5 instead. This evaluator is unsure where the discrepancy lies, and where the additional 10.14 FTE may be coming from.
- Bidder’s Direct Personnel Expense form includes “Housekeeping Staff” and “Plant Ops Dir”, these are not listed on the Bidder’s submitted Staffing Plan and no job descriptions were included for these positions.

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- Bidder's Staffing Plan included a "Medical Director" and 1.5FTE for "Physician Assistant / Nurse Practitioner", these two positions were not listed in the Direct Personnel Expenses form. Bidder's true anticipated staffing is unclear. Bidder did, however, include "Medical Director Stipend" under the "Consultants – Direct Service" section.
- In the proposal, Bidder noted that if needed, they may utilize their private van to assist clients with transportation. No Client-related travel was included in the budget form, and only "Other Travel" was included.
- Bidder also separately included a page delineating "Non-Operating Expenses for Years 1 – 3, with the following two categories: "Depreciation – Expansion" and Depreciation – Routine".



**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

**BIDDER NAME:** White Deer Run, LLC

**DATE:** 3/5/24

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS - OBH

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**Instructions:** *The purpose of this form is to record proposal review notes written by **individual** evaluators for this Request for Proposals (RFP) process. It is **required** that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience	
<b>1. Overview of the Organization</b>	
	<ul style="list-style-type: none"><li>• 30 years of experience with 7 locations in Pennsylvania including medically monitored withdrawal, residential, outpatient, IOP, and partial hospitalization.</li><li>• Parent organization is Acadia healthcare – 253 behavioral health facilities, including 6 OTPs in Maine.</li><li>• 3 highly relevant examples provided, but does not provide a lot of detail for each example.</li></ul>
<b>2. Subcontractors</b>	
	<ul style="list-style-type: none"><li>• No subcontractors listed</li></ul>
<b>3. Organizational Chart</b>	
	<ul style="list-style-type: none"><li>• Provided organizational chart including overview or expected services, but lacks detail on enterprise-level</li></ul>
<b>4. Litigation</b>	
	<ul style="list-style-type: none"><li>• 6 open cases listed, dating back to 2018, no closed cases listed.</li></ul>
<b>5. Financial Viability</b>	
	<ul style="list-style-type: none"><li>• No concerns re: viability</li></ul>
<b>6. Licensure/Certification</b>	
	<ul style="list-style-type: none"><li>• Not yet registered/licensed to operate in the State of Maine</li></ul>
<b>7. Certificate of Insurance</b>	
	<ul style="list-style-type: none"><li>• Certificate of insurance provided – does this cover new facilities?</li></ul>

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<b>Part IV, Section III Proposed Services</b>	
<b>1. Services to be Provided</b>	
<b>Part II</b>	
<b>A. Facilities Standards/Requirements</b>	
	<ul style="list-style-type: none"> <li>Describes timeline necessary to construct the center.</li> <li>Indicates experience with opening new Centers and the Maine Market</li> <li>Does not identify proposed location, does not demonstrate understanding of licensure/certifications</li> </ul>
	<ul style="list-style-type: none"> <li>Met requirement</li> <li>Will gradually increase staffing size over the first year to meeting increase in hours, including bringing in additional staffing based on need</li> </ul>
	<ul style="list-style-type: none"> <li>Minimally met – response lacks detail</li> </ul>
<b>B. Referral and Intake Process</b>	
	<ul style="list-style-type: none"> <li>Met requirement – provides detailed prioritization of care</li> </ul>
	<ul style="list-style-type: none"> <li>Met requirement – provides detailed policies and protocols relative to conducting a comprehensive assessment</li> </ul>
	<ul style="list-style-type: none"> <li>Met requirement – provides detailed admission criteria and exclusion criteria</li> </ul>
	<ul style="list-style-type: none"> <li>Met requirement – provides detailed protocols for community referrals</li> </ul>
	<ul style="list-style-type: none"> <li>Met requirement</li> </ul>
<b>C. Client Coverage Screening and Billing Methods: MaineCare, Medicare, and Private Health Insurance</b>	
	<ul style="list-style-type: none"> <li>Met requirement – indicates ability to screen for and bill insurance programs and support navigation of health care systems</li> </ul>
<b>C. SUD Receiving Center Service</b>	
	<ul style="list-style-type: none"> <li>Met requirement</li> </ul>
	<ul style="list-style-type: none"> <li>Met requirement</li> </ul>
	<ul style="list-style-type: none"> <li>Met requirement</li> </ul>
	<ul style="list-style-type: none"> <li>Will accompany client to medical provider for urgent medical or wound care for a patient currently engaged in Withdrawal Management Program</li> <li>Does not meaningfully address other services</li> </ul>
	<ul style="list-style-type: none"> <li>Prepared to facilitate transition from other sources, including supporting transportation to the facility and door-to-door rides</li> <li>Support patients to find ongoing support through comprehensive assessment process and weighing options</li> </ul>
<b>D. Withdrawal Management Program Services</b>	
	<ul style="list-style-type: none"> <li>Met requirement</li> </ul>
	<ul style="list-style-type: none"> <li>Minimally met</li> </ul>

**STATE OF MAINE  
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<ul style="list-style-type: none"> <li>• Met requirement</li> </ul>
<b>E. General Requirements</b>
<ul style="list-style-type: none"> <li>• Indicates that use of EMR will support meeting requirement, does not specifically address all areas, including outcome and returning to facility</li> </ul>
<ul style="list-style-type: none"> <li>• Indicates compliance with Department policy</li> </ul>
<ul style="list-style-type: none"> <li>• Met requirement</li> </ul>
<ul style="list-style-type: none"> <li>• Met requirement</li> </ul>
<ul style="list-style-type: none"> <li>• Assures compliance</li> </ul>
<ul style="list-style-type: none"> <li>• Met requirement – provided detailed description of Quality Improvement Program Plan process including performance improvement indicators</li> </ul>
<ul style="list-style-type: none"> <li>• Assures compliance</li> </ul>
<ul style="list-style-type: none"> <li>• Will provide MAT induction on site, refers to D.5.</li> </ul>
<ul style="list-style-type: none"> <li>• Does not address engaging with clients in community settings</li> </ul>
<ul style="list-style-type: none"> <li>• Met requirement</li> </ul>
<ul style="list-style-type: none"> <li>• As part of Acadia Healthcare network accessible partners include a number of area OTPs</li> </ul>
<b>F. Confidentiality of Protected Health Information (PHI)</b>
<ul style="list-style-type: none"> <li>• Met requirement</li> </ul>
<b>G. Staffing Requirements</b>
<ul style="list-style-type: none"> <li>• Refers to attachment 8 and 9</li> </ul>
<ul style="list-style-type: none"> <li>• Provided relevant job descriptions and additional roles beyond what is required</li> </ul>
<ul style="list-style-type: none"> <li>• Staffing plan does not include recovery coach</li> </ul>
<ul style="list-style-type: none"> <li>• Refers to attachment 8 and 9</li> </ul>
<ul style="list-style-type: none"> <li>• Outpatient Treatment Program Liaison position captures above responsibilities</li> </ul>
<ul style="list-style-type: none"> <li>• Refers to attachment 8 and 9</li> </ul>
<ul style="list-style-type: none"> <li>• Refers to attachment 8 and 9</li> </ul>
<b>H. Performance Measures</b>
<ul style="list-style-type: none"> <li>• Assures preparedness to perform services, refers to other areas of the proposal</li> </ul>
<b>I. Reports</b>
<ul style="list-style-type: none"> <li>• Assures compliance</li> </ul>
<ul style="list-style-type: none"> <li>• Assures compliance</li> </ul>
<b>2. Staffing</b>
<ul style="list-style-type: none"> <li>• Refers to attachment 8 – all relevant and additional job descriptions provided</li> </ul>
<ul style="list-style-type: none"> <li>• Indicates “not yet sure”</li> </ul>
<ul style="list-style-type: none"> <li>• Staffing plan does not include recovery coach indicated in required staffing</li> </ul>
<b>3. Implementation - Work Plans</b>

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

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**DATE:** 3/5/24

**EVALUATOR NAME:** Kenney Miller

**EVALUATOR DEPARTMENT:** DHHS - OBH

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- Attaches timeline for construction/renovations and key activities/phases up to first patient
- Provides implementation workplan including pre-implementation phases, regulatory approvals, and launch of services – these are not depicted in a timeline chart

**Part IV, Section IV. Cost Proposal and Budget Narrative**

- Requesting \$7.5M for construction
- Not requesting funding for operations, left SUD treatment Center Services forms blank
- Indicates ongoing expenses of \$14.6M beyond start-up, including \$1.16M in occupancy – depreciation
- Provides staffing for unit, including over 40k hours of RN and MHT, over 127k hours total direct care staffing and 217k hours total administrative staffing – does not include several key roles described in the narrative
- 20% fringe
- Budget detail includes over 1M in equipment purchases
- Depreciation budget appears to include 3 years instead of 2 years in agreement listed in budget forms

**STATE OF MAINE  
INDIVIDUAL EVALUATION NOTES**

**RFP #:** 202312238

**RFP TITLE:** Kennebec County Substance Use Disorder (SUD) Treatment Center

**BIDDER NAME:** White Deer Run, LLC

**DATE:** 2/22/2024

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** DHHS - Office of Behavioral Health

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**Individual Evaluator Comments:**

Part IV. Section II. Organizational Qualification and Experience
<b>1. Overview of the Organization</b>
<ul style="list-style-type: none"><li>White Deer Run, LLC – Acadia Healthcare – Organization has over 30 years of experience providing evidence based, individualized recovery treatment for SUD and co-occurring mental health. 7 locations and 16 programs throughout Pennsylvania providing medically monitored withdrawal, residential rehab, OP, IOP, and PHP. As an affiliate of Acadia Healthcare, who operates 253 behavioral health, mental health, and SUD treatment programs with approximately 11,100 beds in 39 states and Puerto Rico and over 23,000 employees and serving approximately 75,000 patients daily. In Maine, Acadia Healthcare has 6 OTP's and in the process of developing two Comprehensive Treatment Programs in Waterville and Augusta.</li><li>In the past 5 years, organization opened:</li><li>PHP program as White Deer Run of York, PA</li><li>Adolescent and adult mental health and SUD as Rio Vista Behavioral Health of El Paso, TX, providing withdrawal management, IOP, and PHP.</li><li>Sabal Palms Recovery Center, Largo, FL. 32 bed withdrawal Management and Residential SUD treatment center with plans to expand to over 60 beds in the coming year.</li></ul>
<b>2. Subcontractors</b>
<ul style="list-style-type: none"><li>N/A</li></ul>
<b>3. Organizational Chart</b>
<ul style="list-style-type: none"><li>UM (1), QA (1), Med Dir (1), Dietary Dir (1), PA/NP (1.5), Dietary Staff (2), RN (5), Clin Dir (1), Rec Ther Dir (1), Ancillary Rec Ther (1), MH/BH therapist (5), Social Worker (1), Admissions/Intake Director and Admin Staff.</li></ul>
<b>4. Litigation</b>

**STATE OF MAINE  
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**DATE:** 2/22/2024

**EVALUATOR NAME:** Corinna OLeary

**EVALUATOR DEPARTMENT:** DHHS - Office of Behavioral Health

\*\*\*\*\*

<ul style="list-style-type: none"><li>Wet floor causing fall – open, Pt being sexually assaulted by a peer – open, Improper discharge resulting in death – open, Contracting shingles from another PT – open, Improper med resulting in PT death – open.</li></ul>
<b>5. Financial Viability</b>
<ul style="list-style-type: none"><li>Proof of financial viability provided (377 pages of financial data for the past 3 years)</li></ul>
<b>6. Licensure/Certification</b>
<ul style="list-style-type: none"><li>Not yet licensed in Maine. Plan to apply for MH and SUD license, EAP and Maine Board of Pharmacy. No current MaineCare Provider Agreement but sister provider, Acadia has obtained one and Deer Run plans to participate with MaineCare.</li></ul>
<b>7. Certificate of Insurance</b>
<ul style="list-style-type: none"><li>Provided Certificate of insurance</li></ul>

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<b>Part IV, Section III Proposed Services</b>	
<b>1. Services to be Provided</b>	
<b>Part II</b>	
<b>A. Facilities Standards/Requirements</b>	
	<ul style="list-style-type: none"> <li>The agency is requesting 7.5 million dollars of the anticipated 14.7 it will cost to construct and establish a SUD treatment center consisting of a receiving center services, 10 withdrawal management beds, 26 residential rehab beds, an OTP dosing unit, and PHP and/or IOP. 15-18 months to open.</li> </ul>
	<ul style="list-style-type: none"> <li>Agency has a plan in place to initially provide 7a-11p services with ramp up to 24/7/365 in subsequent years.</li> </ul>
	<ul style="list-style-type: none"> <li>Meets – 10 withdrawal management beds with 24 hour coverage for alcohol, benzodiazepines, opiates, and other substances.</li> <li>Meets co-occurring capable.</li> <li>Meets temporary provider plan</li> <li>Meets – plans to become established as a Tier 2 Overdose Education and Naloxone Distributor.</li> </ul>
<b>B. Referral and Intake Process</b>	
	<ul style="list-style-type: none"> <li>Meets – Comprehensive triage plan in place.</li> </ul>
	<ul style="list-style-type: none"> <li>Meets – Comprehensive assessment plan in place.</li> </ul>
	<ul style="list-style-type: none"> <li>Meets – Comprehensive Withdrawal Management plan in place.</li> </ul>
	<ul style="list-style-type: none"> <li>Meets – Clear plan in place to meet individuals needs through community referral and collaboration.</li> </ul>
	<ul style="list-style-type: none"> <li>Meets – Plan in place that to meet individual and SUD needs through the receiving center.</li> </ul>
<b>C. Client Coverage Screening and Billing Methods: MaineCare, Medicare, and Private Health Insurance</b>	
	<ul style="list-style-type: none"> <li>Meets – Plan in place to comply with Private Insurance, MaineCare, and uninsured provision of services.</li> </ul>
<b>C. SUD Receiving Center Service</b>	
	<ul style="list-style-type: none"> <li>Plan meets ITP requirements.</li> </ul>
	<ul style="list-style-type: none"> <li>Plan meets ITP requirements.</li> </ul>
	<ul style="list-style-type: none"> <li>Meets – Agency is prepared to meet and exceed all referenced outpatient care service requirements (comprehensive assessment, physical examination, biopsychosocial assessment, individual, group and family therapy, education enrichment, workforce development, legal services, and other social services such as food, clothing, housing, enrollment in public benefits, skills development, financial literacy and other life skills. Clinician's educate patients and public through group and counseling sessions. MOUD services).</li> </ul>

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<ul style="list-style-type: none"><li>• Meets – Plan meets</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan to provide transition services for jail, ED, or other facility including transportation if necessary and inverse transition from their facility to another.</li></ul>
<b>D. Withdrawal Management Program Services</b>
<ul style="list-style-type: none"><li>• Meets – Plan to develop an ITP with 24 hours and update at least every 48 hours thereafter while the patient is engaged in the program.</li></ul>
<ul style="list-style-type: none"><li>• Not yet licensed. Agency has experience providing withdrawal management services and will comply with State of Maine requirements.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Timeframe and assessment tools meet requirements for this area.</li></ul>
<b>E. General Requirements</b>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area. Agency implements and yearly Quality Improvement Program Plan and collects data on areas of clinical evaluation, patient satisfaction, risk management/environment of care at minimum for infection control, patient engagement, chart to charge billing audit on an ongoing basis.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Agency plans to provide MAT induction and maintenance services on-site and facilitate a warm hand-off off-site as necessary.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area. Agency has experience with provision of services through telehealth.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area. Agency will utilize sister clinics and providers through the Acadia Healthcare Network including 7 OTP's and Waterville CTC, Everest Recovery Center and all other OTP's in the state.</li></ul>
<b>F. Confidentiality of Protected Health Information (PHI)</b>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<b>G. Staffing Requirements</b>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<ul style="list-style-type: none"><li>• Meets – Plan meets requirements for this area.</li></ul>
<b>H. Performance Measures</b>



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<ul style="list-style-type: none"><li>Meets – Plan meets requirements for this area. Agency will comply with all requirements.</li></ul>
<b>I. Reports</b>
<ul style="list-style-type: none"><li>Meets – Plan meets requirements for this area. Agency will comply with all requirements.</li></ul>
<ul style="list-style-type: none"><li>Meets – Plan meets requirements for this area. Agency will comply with all requirements.</li></ul>
<b>2. Staffing</b>
<ul style="list-style-type: none"><li>Meets – Plan meets requirements for this area. Agency will comply with all requirements.</li></ul>
<ul style="list-style-type: none"><li>Meets – Agency does not anticipate a need for subcontractors or consultants, but will subcontract with a doctor, CRNP and psychiatrist if necessary.</li></ul>
<ul style="list-style-type: none"><li>Meets – Plan meets requirements for this area. Agency will comply with all requirements for staffing.</li></ul>
<b>3. Implementation - Work Plans</b>
<ul style="list-style-type: none"><li>A timeline has been provided with dates for start and completion of the project. At this time a location has not been secured, but the agency has been working with a real estate agency. Key milestones and activities for design and construction have been provided for after a location has been secured. Estimate dates for phases of completion and launch dates with anticipated launch of November 2025 - November 2026 which includes 1 year of operation.</li></ul>

<b>Part IV, Section IV. Cost Proposal and Budget Narrative</b>
<ul style="list-style-type: none"><li>The agency is requesting around 50 percent (7.5 million) of an anticipated total cost of over 14.7 million. The proposal does not ask for staff or personnel costs and is inclusive of Capital costs only. Staffing start up cost not included on budget forms for this reason. Agency asks for a reevaluation of MaineCare rates for withdrawal management and residential rehabilitation. Agency has clearly outlined their anticipated costs in all areas of Capital costs. Budget sheets were submitted and revenue summary budget form, third party in-kind resource donation, indirect allocation (G&amp;A) summary, agency wide indirect expense summary, and agency wide indirect personnel expense summary, expense details, cost settled pro forma, and agreement compliance form not completed.</li></ul>



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**Janet T. Mills  
Governor**

**Jeanne M. Lambrew, Ph.D.  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202312238**

**RFP TITLE: Kennebec County Substance Use Disorder (SUD) Treatment Center**

I, Katherine Coutu-Farrell accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

DocuSigned by:

*Katherine Coutu-Farrell*

56A214057100448...

**Signature**

Feb-22-2024

**Date**



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DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

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Governor**

**Jeanne M. Lambrew, Ph.D.  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
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**RFP TITLE: Kennebec County Substance Use Disorder (SUD) Treatment Center**

I, Martha Kluzak accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

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DocuSigned by:

*Martha Kluzak*

31E22AEB6806448

**Signature**

Feb-23-2024

**Date**



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DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

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Governor**

**Jeanne M. Lambrew, Ph.D.  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
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I, Anna Ko accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

**I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the award decision notices for public distribution.**

DocuSigned by:  
A handwritten signature in blue ink, appearing to read "Anna Ko".  
532CE4ABF8C2423

**Signature**

Feb-23-2024

**Date**



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DEPARTMENT OF HEALTH AND HUMAN  
SERVICES**

**Janet T. Mills  
Governor**

**Jeanne M. Lambrew, Ph.D.  
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT  
RFP #: 202312238**

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I, Kenney Miller accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

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DocuSigned by:

Kenney Miller

3B6C9B0BF9C34FE

**Signature**

Feb-23-2024

**Date**



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DEPARTMENT OF HEALTH AND HUMAN  
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Governor**

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**AGREEMENT AND DISCLOSURE STATEMENT  
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**RFP TITLE: Kennebec County Substance Use Disorder (SUD) Treatment Center**

I, Corinna OLeary accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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I understand and agree that the evaluation process is to be conducted in an impartial manner without bias or prejudice. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

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DocuSigned by:

Corinna OLeary

10AEC668F055405...

**Signature**

Feb-22-2024

**Date**