**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Child and Family Services*



**RFP# 202401009**

**Family Support Respite Care Services**

|  |  |
| --- | --- |
| **RFP Coordinator** | *All communication regarding the RFP must be made through the RFP Coordinator identified below*.  **Name:** Brittany Hall **Title:** Procurement Administrator  **Contact Information:** [Brittany.hall@maine.gov](mailto:Brittany.hall@maine.gov) |
| **Informational Meeting** | **Date:** March 19, 2024 **Time:** 10:00 a.m., local time  **Location:** ZOOM Meeting Link: [Web Link for RFP 202401009](https://mainestate.zoom.us/j/83036016850?pwd=cnRqUUhPb3BidzRFSGM3ejFYYWZKQT09) Meeting ID: 830 3601 6850, or by phone at 1-646-876-9923, using the Meeting ID provided. |
| **Submitted Questions Due** | *All questions must be received by the RFP Coordinator identified above by:*  **Date:** March 20, 2024, no later than 11:59 p.m., local time |
| **Notice of Intent to Bid** | *All notice of intents must be received by the RFP Coordinator identified above by:*  **Date:** April 5, 2024, no later than 11:59 p.m., local time |
| **Proposal Submission**  **Deadline** | *Proposals must be received by the Division of Procurement Services by:*  **Submission Deadline:** April 17, 2024, no later than 11:59 p.m., local time.  *Proposals must be submitted electronically to*:[Proposals@maine.gov](mailto:Proposals@maine.gov) |

**TABLE OF CONTENTS**

|  |  |
| --- | --- |
|  | **Page** |
|  |  |
| **PUBLIC NOTICE** | **3** |
|  |  |
| **RFP DEFINITIONS/ACRONYMS** | **4** |
|  |  |
| **PART I INTRODUCTION** | **7** |
| 1. PURPOSE AND BACKGROUND |  |
| 1. GENERAL PROVISIONS |  |
| 1. CONTRACT TERMS |  |
| 1. NUMBER OF AWARDS |  |
|  |  |
| **PART II SCOPE OF SERVICES TO BE PROVIDED** | **9** |
|  |  |
| **PART III KEY RFP EVENTS** | **19** |
| 1. INFORMATIONAL MEETING |  |
| 1. QUESTIONS |  |
| 1. AMENDMENTS |  |
| 1. NOTICE OF INTENT TO BID |  |
| 1. SUBMITTING THE PROPOSAL |  |
|  |  |
| **PART IV PROPOSAL SUBMISSION REQUIREMENTS** | **22** |
|  |  |
| **PART V PROPOSAL EVALUATION AND SELECTION** | **25** |
| 1. EVALUATION PROCESS – GENERAL INFORMATION |  |
| 1. SCORING WEIGHTS AND PROCESS |  |
| 1. SELECTION AND AWARD |  |
| 1. APPEAL OF CONTRACT AWARDS |  |
|  |  |
| **PART VI CONTRACT ADMINISTRATION AND CONDITIONS** | **27** |
| 1. CONTRACT DOCUMENT |  |
| 1. STANDARD STATE CONTRACT PROVISIONS |  |
|  |  |
| **PART VII RFP APPENDICES AND RELATED DOCUMENTS** | **28** |
| **APPENDIX A** – PROPOSAL COVER PAGE |
| **APPENDIX B** – DEBARMENT, PERFORMANCE, and  NON-COLLUSION CERTIFICATION |
| **APPENDIX C** – QUALIFICATIONS and EXPERIENCE FORM |
| **APPENDIX D** – SUBCONTRACTORS FORM |
| **APPENDIX E** – LITIGATION FORM |
| **APPENDIX F** – RESPONSE TO PROPOSED SERVICES FORM |
| **APPENDIX G** – COST PROPOSAL FORM |
| **APPENDIX H** – PROVIDER PACKET TEMPLATE |
| **APPENDIX I** – STATE COUNTY MAP AND DEPARTMENT DISTRICT MAP |
| **APPENDIX J** – SUBMITTED QUESTIONS FORM |
| **APPENDIX K** – NOTICE OF INTENT TO BID FORM |

PUBLIC NOTICE

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

**State of Maine**

**Department of Health and Human Services**

**RFP# 202401009**

**Family Support Respite Care Services**

The State of Maine is seeking proposals for Family Support Respite Care Services.

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

An Information Meeting will be held on March 19, 2024 at 10:00 a.m., local time at the following location: <https://mainestate.zoom.us/j/83036016850?pwd=cnRqUUhPb3BidzRFSGM3ejFYYWZKQT09> using Meeting ID: 830 3601 6850, or by phone at 1-646-876-9923 using the Meeting ID provided.

Proposals must be submitted to the State of Maine Division of Procurement Services, via e-mail, at: [Proposals@maine.gov](mailto:Proposals@maine.gov). Proposal submissions must be received no later than 11:59 p.m., local time, on April 17, 2024. Proposals will be opened the following business day. Proposals not submitted to the Division of Procurement Services’ aforementioned e-mail address by the aforementioned deadline will not be considered for contract award.

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

**RFP TERMS/ACRONYMS with DEFINITIONS**

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

| **Term/Acronym** | **Definition** |
| --- | --- |
| **Abuse and/or Neglect** | As defined in [22 M.R.S.A. § 4002(1)](http://www.mainelegislature.org/legis/statutes/22/title22sec4002.html). |
| **Behavioral Outbursts that Require Intervention** | Behaviors a Child elicits that may or may not be associated with a diagnosable disorder that requires intervention because of the impact of these behaviors on the Child’s daily activities, schedule, relationships, and/or development. |
| **Cardiopulmonary Resuscitation (CPR)** | An emergency procedure used to restart a person’s heartbeat and breathing after one or both have stopped. CPR involves giving strong, rapid pushes to the chest to keep blood moving through the body. CPR usually involves blowing air into the person’s mouth to help with breathing and send oxygen to the lungs. |
| **Child/Children** | Any person who is less than eighteen (18) years of age. As defined in [22 M.R.S.A. § 4002(2)](http://www.mainelegislature.org/legis/statutes/22/title22sec4002.html). |
| **Department** | Department of Health and Human Services |
| **Direct Services Respite Provider (DSRP)** | An individual who is certified to provide Respite Care Services (Respite Care) to Children of families enrolled in the Family Support Respite Care. The DSRP must be certified through the Respite Care certification guidelines, to be developed in conjunction with the awarded Bidder and the Department. |
| **Emergency Respite** | Provides immediate eligibility to families who are not enrolled in Respite Care due to a circumstance that causes significant hardship for the family, specifically:   1. A parent or legal guardian of a Child in a mental health crisis who is in the emergency department and the caregiver requires a break not to exceed twenty (20) hours of Respite Care per emergency room stay; 2. Temporary care of a Child is needed due to medical/mental health circumstances of the family not to exceed seventy-two (72) hours of Respite Care; or 3. To prevent the Child from entering the foster-care system, as part of a safety plan not to exceed seventy-two (72) hours of Respite Care. |
| **Level of Care** | Consists of two (2) levels for Respite Care, specifically:    **Level I** - care provided by the DSRP to Children with a Qualified Mental Health Diagnosis or significant physical/intellectual delay and who also have behavioral challenges which is generally controlled with medication and does not involve a life-threatening medical condition.  **Level II** - care provided by the DSRP to Children with a Qualified Mental Health Diagnosis or Significant Delay with severe physical, behavioral, or emotional challenges that require a high level of behavior management. Children who exhibit behavior that creates a foreseeable risk of harm to self or others where the Child’s safety necessitates a provider trained in behavioral intervention. |
| **Licensed / Credentialled Professional** | An individual licensed by the State to provide the evaluation and diagnosis of an individual regarding any Qualified Mental Health Diagnosis and/or Significant physical/intellectual Delay. Licensed Professionals include:   * 1. [Advanced Practice Registered Nurse](https://www.maine.gov/boardofnursing/licensing/advanced-practice-rn/index.html) (APRN);   2. [Board Certified Behavior Analyst (BCBA)](https://www.bacb.com/bcba/);   3. [Licensed Clinical Professional Counselor](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure/licensing) (LCPC);   4. [Licensed Clinical Professional Counselor-Conditional Clinical](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure/licensing) (LCPC-C);   5. [Family Nurse Practitioner](https://www.maine.gov/boardofnursing/licensing/index.html) (FNP);   6. [Licensed Clinical Social Worker](https://www.maine.gov/pfr/professionallicensing/professions/state-board-social-worker-licensure/licensing/licensed-social-worker-licensed-master-social-worker-licensed-clinical-social-worker) (LCSW);   7. [Licensed Master Social Worker](https://www.maine.gov/pfr/professionallicensing/professions/state-board-social-worker-licensure/licensing/licensed-social-worker-licensed-master-social-worker-licensed-clinical-social-worker) (LMSW);   8. [Licensed Master Social Worker Conditional](https://www.maine.gov/pfr/professionallicensing/professions/state-board-social-worker-licensure/licensing/conditional-licensed-social-worker-conditional-licensed-master-social-worker) (LMSW-C);   9. [Psychiatric Mental Health Nurse Practitioner](https://www.maine.gov/boardofnursing/licensing/index.html) (PMHNP);   10. [Medical Doctor](https://www.maine.gov/md/licensure) (MD);   11. [Doctor of Osteopathic Medicine](https://www.maine.gov/osteo/licensure) (DO);   12. [Psychologist](https://www.maine.gov/pfr/professionallicensing/professions/board-examiners-psychologists/licensing) (PsyD);   13. [Licensed Marriage and Family Therapist](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure/licensing/professional-counselor-clinical-professional-counselor-marriage-family-counselor-pastoral-counselor-registered-counselor) (LMFT); and   14. [Psychological Examiner](https://www.maine.gov/pfr/professionallicensing/professions/board-examiners-psychologists/psychological-conditional-temporary-examiners). |
| **Mandated Reporting** | As set forth in [22 M.R.S.A. § 4011](https://www.mainelegislature.org/legis/statutes/22/title22sec4011-A.html). |
| [**Mandt**](http://www.mandtsystem.com) | A comprehensive, integrated approach to preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to self and/or others. |
| [**Non-Abusive Psychological Physical Intervention (NAPPI)**](http://nappi-training.com/) | A comprehensive, integrated approach to preventing, de-escalating, and if necessary, intervening when the behavior of an individual poses a threat of harm to self and/or others. |
| **Non-Life Threatening Medical Condition(s)** | A condition which is generally controlled by medication for individuals who suffer from a wide range of mental illness including but not limited to anxiety, attention-deficit/hyperactivity disorder (ADHD), bipolar disorder, generalized anxiety disorder, panic disorder, and depression. |
| **OCFS** | The Department’s Office of Child and Family Services |
| **Primary Caregiver** | An individual who provides the primary care and support of a Child(ren), whether biologically related or not. The Primary Caregiver does not include individuals reimbursed by the Department for the care of the Child(ren). A Primary Caregiver may not also be a DSRP. |
| **Qualified Mental Health Diagnosis** | A mental health diagnosis as described in the most recent version of the [Diagnostic and Statistical Manual of Mental Disorders (DSM)](https://www.psychiatry.org/psychiatrists/practice/dsm), or a diagnosis described in the most recent version of the [Diagnostic Classification of Mental Health and Developmental Disabilities of Infancy and Early Childhood](https://www.zerotothree.org/our-work/learn-professional-development/dc0-5-manual-and-training/). A Qualified Mental Health Diagnoses does not include: communication disorders, specific learning disorder, sleep-wake disorders, neurocognitive disorders, medication induced movement disorders, and other adverse effects of medication. |
| **Reportable Event** | An occurrence that affects the health or safety of a Child or others or a breach of a Child’s rights that results, or could result, in a harmful or undesirable outcome. Reportable Event categories and requirements are identified in the Department’s [Reportable Events Matrix](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Reportable%20Events%20Matrix_1.pdf). |
| **Respite Care Services (Respite Care)** | Service that provides a planned break from continuous caregiving responsibilities of a Primary Caregiver of an eligible Child(ren), as defined in [34-B M.R.S.A. § 6201(2-A)](https://legislature.maine.gov/statutes/34-B/title34-Bsec6201.pdf). |
| **Respite Care Plan** | An individualized plan, that includes details for the DSRP, so the DSRP is thoroughly informed about all aspects of Respite Care pertaining to the needs of the Child(ren). |
| **RFP** | Request for Proposal |
| **Significant Delay** | A functional impairment which causes substantial interference with or limitation of a Child’s achievement or maintenance of one (1) or more developmentally appropriate, social, behavioral, cognitive, or adaptive skills. |
| **Site-based Respite Care** | Respite Care provided to Children in a group setting. |
| **Standard Respite Care Hour Allocation** | The hours allotted to an eligible family to receive Respite Care. The maximum Standard Respite Care Hour Allocation per family includestwenty-four (24) hours per month, with a total of two-hundred eighty-eight (288) hours per year. |
| **State** | State of Maine |

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

*Office of Child and Family Services*

**RFP# 202401009**

**Family Support Respite Care Services**

**PART I INTRODUCTION**

1. **Purpose and Background**

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

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

Family Support Respite Care supports OCFS’ goal of helping create a future where all Maine Children and families are safe, stable, happy, and healthy. While in Respite Care, a Child receives support that addresses their health, social, behavioral, and daily living needs. The Primary Caregiver has the choice of receiving Respite Care in their home, in the home of the Respite Care Provider, or a Site-based Respite Care Program.

The purpose of Family Support Respite Care is to provide timely access to short-term Respite Care to qualifying Primary Caregivers of a Child(ren) with a Qualified Mental Health Diagnosis and/or a Significant Delay. The Respite Care outlined in this RFP shall improve the Primary Caregivers’ satisfaction in their relationship with their Child, increase the ability of the Primary Caregiver to support their Child presenting with behavioral or medical challenges, reduce stress or pressure in the Primary Caregiver’s life, and improve the relationship between the Primary Caregiver and their Child(ren).

The awarded Bidder shall coordinate the provisions of Respite Care to eligible families and recruit, employ, and train Direct Services Respite Providers (DSRPs) as needed. The awarded Bidder shall provide Respite Care in a timely manner and assist families when they are having difficulty finding a DSRP. Respite Care is not a clinical or crisis service but rather designed to provide protective oversight and supervision to allow the Primary Caregiver to have a scheduled break.

**Exhibit 1** depicts the total estimated Respite Care hours per region, per month, for State Fiscal Year (SFY) 2023.

|  |  |  |  |
| --- | --- | --- | --- |
| **Exhibit 1**  **Family Support Respite Care**  **Estimated Hours per Month for Regions 1, 2, and 3** | | | |
| **Region** | **Counties Served** | **OCFS District Office Locations** | **\*Estimated Respite Care Hours** |
| **1** | Cumberland and York | Portland, Sanford, and Biddeford | 350 Hours |
| **2** | Androscoggin, Oxford, Franklin, Lincoln, Knox, Waldo, Sagadahoc, Somerset, and Kennebec | Lewison, Rockland, South Paris, Farmington, Skowhegan, and Augusta | 2,500 Hours |
| **3** | Piscataquis, Penobscot, Washington, Hancock, and Aroostook | Bangor, Presque Isle, Calais, Caribou, Ellsworth, Fort Kent, Houlton, and Machias | 1,200 Hours |

***\*Based on State Fiscal Year (SFY) 2022 Data***

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

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

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

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

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

1. **Number of Awards**

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

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

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

1. **Facilities Standards and Requirements**
2. Provide and maintain an office location(s) capable of ensuring Family Support Respite Care Services (Respite Care) are available Statewide, with a minimum of:
   1. One (1) office location within each of the three (3) regions listed in the Table 1; **or**
   2. One (1) Statewide office with staff designated in the other two (2) regions.
3. Operate the office(s) Monday through Friday, 8:00 a.m. to 5:00 p.m., except during [State holidays](https://www.maine.gov/bhr/state-employees/2023-holiday-schedule) and any other days which the State is closed for business.
4. Provide, at minimum, one (1) location for Site-based Respite Care in each Region.

|  |  |  |
| --- | --- | --- |
| **Table 1**  (Refer to **Appendix I** – State County map and District office map) | | |
| **Region** | **District** | **County** |
| 1 | 1 and 2 | Cumberland and York |
| 2 | 3, 4, and 5 | Androscoggin, Oxford, Franklin, Lincoln, Knox, Waldo, Sagadahoc, Somerset, and Kennebec |
| 3 | 6, 7, and 8 | Piscataquis, Penobscot, Washington, Hancock, and Aroostook |

1. **General Requirements**

Develop and implement a Department-approved operations policy and procedure handbook which includes a detailed description of all procedures and ensures consistent delivery of Respite Care.

1. **Respite Care Enrollment Requirements**
2. Assist each Primary Caregiver with the Respite Care application and enrollment process documenting the assistance provided to the family, including:
   1. Respite Care schedule needs;
   2. Respite Care preference (individual or Site-based Respite Care);
   3. Preference of when to begin receiving Respite Care; and
   4. Preferred methods of communication (phone, email, or mail).
3. Maintain documentation in the Primary Caregiver’s file.
4. Ensure application documents are available in alternative formats, as requested/required by the Department, for Children and families with special needs, such as those with visual impairments.
5. Ensure informational mailings include an approved language identification card offering translation services, provided at no cost to the Children and families seeking or receiving Respite Care.
6. Establish eligibility ensuring:
7. Only Children receive Respite Care;
8. The Primary Caregiver has a Child(ren) who has a documented diagnosis from a Licensed/Credentialled Professional, within the previous twelve (12) months, or in the case of an ongoing diagnosis, affirmed as a diagnosis within the previous twelve months of a:
9. Significant Delays (with a duration of six (6) months or greater) in two (2) or more areas of development; or
10. Condition that is known to have a reasonable probability of resulting in Significant Delay(s) and/or Qualified Mental Health Diagnosis.
11. The Primary Caregiver and/or Child(ren) is not eligible for any other Respite Care (such as foster care Respite Care) through another resource.
12. A Child(ren) who is/was less than six (6) months of age and determined to be eligible, receives a re-determination of eligibility at two (2) years of age from a Primary Care Doctor with documented:
13. Indicators of a Significant Delay; or
14. Existing condition(s) that is known to have a reasonable probability of resulting in Significant Delays.
15. Children receive a re-determination every three (3) years.
16. Provide families with a transition letter at least two (2) months before the Child’s eighteenth (18th) birthday informing the family that the Child(ren) will no longer be eligible for Respite Care.
17. Send a letter of acceptance or denial to the Primary Caregiver within fifteen (15) business days of receipt of the application.
18. Enrollment acceptance letters must state the allocation of Respite Care hours for the fiscal year and provide written notification that “*Respite Care are subject to availability of funds and may be reduced or eliminated.*”
19. Enrollment denial letters must state the denial determination and reason for the denial of Respite Care and include the outline of the appeal procedures.
20. Develop an appeal process, for Department review and approval prior to implementation, within ninety (90) calendar days of the initial period of performance.
21. **Respite Care for Families**
22. Ensure eligible families receive Respite Care no later than thirty (30) business days from the date of the eligibility determination.
23. Classify Children eligible for Respite Care based Level of Care, specifically:
    1. **Level I**: A Child(ren) who has:
       1. Behavioral Outbursts that Require Intervention; and/or
       2. Non-Life Threatening Medical Condition(s); and
       3. Receives Respite Care from a **Level I** or **Level II** DSRP; or
    2. **Level II**: A Child(ren) who has:
       1. Severe physical, behavioral, and/or emotional needs that requires a high level of behavior management;
       2. Is exhibiting physically aggressive behaviors; and/or
       3. Has a life-threatening medical condition(s) and/or medical fragility; and
       4. Receives Respite Care from a **Level II** DSRP.
          1. Children with life threatening medical conditions and/or medical fragility shall be provided Respite Care when a DRSP with an appropriate medical credential is available.
24. Ensure each family receives the Standard Respite Care Hour Allocation.
    1. Respite Care shall be provided according to the Standard Respite Care Hour Allocation.
    2. Both individual and/or Site-based Respite Care count towards the monthly Standard Respite Care Hour Allocation.
    3. The Standard Respite Care Hour Allocation resets the first of each month.
       1. Unused hours shall not be rolled over or banked.
    4. Families enrolled and receiving Respite Care may request additional Respite Care hours for emergency and/or medial situations.
       1. Ensure additional hours are requested using a Department approved request form.
       2. Ensure additional hours are approved by the Department in writing.
       3. Ensure additional approved hours are only available the month the hours were requested.
    5. Respite Care shall not be utilized as daycare and cannot be used while a Primary Caregiver is at work.
25. Ensure DSRPs create and utilize a Respite Care Plan which shall:
26. Not be considered a treatment plan.
27. Include family specific tasks that the Primary Caregiver(s) would provide the Child(ren) such as mealtime, bedtime, recreational activities, etc.
28. Only be used as a guide to the DSRP to demonstrate how to support the Child(ren) in the absence of the Child(ren)’s Primary Caregiver.

Ensure DSRPs share information about additional programs and services that families could benefit from.

Offer Respite Care in multiple locations, including:

In the home of the family being served;

In the community;

In a designated Site-based Respite Care location; and/or

In the home of the DSRP.

Only Department-approved individuals may be present in the DSRP’s home when Children are present receiving Respite Care.

Individuals who reside in or frequently visit the DSRP’s home must meet the background check requirements in the [Department’s Rider D](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Rider%20D%20Additional%20Requirement%20DHHS%20Boilerplate%20for%20Subrecipient%20Services.pdf).

Ensure DSRPs immediately report and provide a written release permitting the Department to obtain any information from appropriate officials to determine whether there is a threat to the health, safety, and/or welfare of Children regarding themselves or other persons residing in or frequently visiting the home who have been/have had:

* + - * 1. Arrested, indicted, and/or convicted for any crime involving controlled substances, violence, or sexual conduct involving an adult victim(s), or activities which could have resulted in convictions for such crimes if prosecuted;
        2. Arrested, indicted, and/or convicted of any crime involving a victim(s) who is a Child, or activities which could result in convictions for such crimes if prosecuted;
        3. Arrested, indicted, and/or convicted for operating a vehicle while under the influence;
        4. Admitted to a mental health or substance abuse treatment facility and/or involvement in mental health or substance abuse counseling;
        5. Any serious physical problems that has required admission to a hospital or other in-patient facility;
        6. Any current or past involvement with Child Protective Services abuse and neglect investigations, or if they were the out-of-home caregiver, for allegations of child abuse or neglect;
        7. Any suspensions, revocations, conditions, fines, or denials of or against any license or certificate that is or has been held by the DSRP;
        8. Any investigation while licensed, registered, certified, or approved to provide Child/adult care;
        9. Any Child Protective Services involvement that has led to substantiations of Abuse or Neglect of a Child or adult in their care;
        10. Children removed from their care or custody;
        11. Any denial to adopt; and
        12. Any other information regarding their circumstances or treatment of Children which is relevant to the Department's decision to issue a license.

Ensure DSRPs do not serve more than four (4) Children concurrently or Children from multiple families concurrently unless at a Site-Based Respite Care Location.

Offer Site-based Respite Care:

1. Weekly, at least once on the weekend (Saturday/Sunday) and once on a weekday in each region from 8:00 a.m. - 5:00 p.m.
   * 1. Offered more days in some regions, depending on the needs of the region.
     2. Ensure flexibility to meet the needs of the specific region.

In a location that allows for multiple children to receive Respite Care, by DSRPs, at the same time.

Partner with local agencies, as needed, to provide safe and secure locations within the region.

To allow Children to practice social skills with other Children in their age/developmental group.

Ensure Child(ren) do not display aggressive behaviors or other behaviors that would threaten the safety of other Children at Site-based Respite Care.

As a priority for families without an individual DSRP.

For a minimum of two (2) Children grouped by age/development level:

* + 1. **Group A**: Children ages five (5) to twelve (12);
    2. **Group B**: Children ages thirteen (13) to seventeen (17); and
    3. Non-school aged Children ages birth to four (4) can be served in a Site-based location but must be separated from school aged Children and have adequate supervision for their needs.

1. With adequate staffing to meet the safety, developmental, medical needs of Children.
2. Children designated as Level II may need an assigned DSRP in the Site-based location to ensure safety as determined between the family and the awarded Bidder.
3. Providing two (2) snacks and lunch during the timeframe of 8:00 a.m. to 5:00 p.m.
4. Snacks and lunch offering must follow each Child’s specific dietary needs.
5. Exceptions to specific elements to providing Respite Care to families may be requested in writing to the Department.
   1. The Department will consider requests on a case-by-case basis when unique and non-recurring family circumstances are present that justify an exceptional decision and flexibility.
6. **Emergency Respite Services**
7. Provide Emergency Respite as determined by the awarded Bidder’s Executive Director or designee, and the Department.
   1. Ensure Children meet the eligibility requirements outlined in the Respite Care Enrollment Requirements.
   2. Ensure Emergency Respite does not exceed two thousand (2000) hours annually.
8. **Billing and Reimbursements**
9. Ensure all hours which exceed the Standard Respite Care Hour Allocation are reported, in writing, to the Department within twenty-four (24) hours.
   * + - 1. All hours exceeding the Standard Respite Care Hour Allocation must be approved, in writing, by the Department.
         2. Introductory meetings, aiding in the matching of families and DSRPs, which include both the DSRP and Primary Caregiver may be billed up to three (3) hours.
10. Identify and propose competitive wages according to the required Level of Care classifications.
11. Ensure families with more than one (1) eligible Child receive additional payment hours for services at the rate of one dollar ($1) per hour per additional eligible Child up three (3) additional Children.
12. Ensure hourly reimbursement is based upon the actual amount paid to the DSRP.
    * + - 1. Hourly reimbursement shall not include benefit costs.
13. Develop and provide DSRPs a mileage form to be completed and submitted for approval in order to receive mileage reimbursement.

Utilize the current [State Mileage Allowance](https://www.maine.gov/osc/travel/mileage-other-info) (currently forty-six cents ($0.46) per mile who travel to and from a point of service.

Mileage activities conducted during service delivery are not reimbursable.

Mileage reimbursement will be paid by the Department up to, but not more than, one hundred (100) miles per scheduled Respite Care.

The mileage reimbursement form and process shall be approved by the Department prior to implementation.

Alternative transportation such as a bus or cab is eligible for reimbursement.

1. **Data Collection and Reporting**
2. Track and report all DSRP mileage summary and data to the Department on a quarterly basis.
3. Track and report ages of Children receiving Respite Care on a quarterly basis.
4. Track and report how many DSRPs were identified by the family receiving Respite Care.
5. Provide any additional information as requested by the Department.
6. **Records**
7. Ensure all Respite Care service records are available and provided to the Department, upon request.
8. Collaborate with the Department to schedule and attend quarterly program meetings via telephone or in person to review Respite Care data, outcomes, and reports.
9. Collaborate with the Department to research and develop (if an appropriate tool does not exist) an assessment tool to be used to determine eligibility, based on behavioral presentation of the Child(ren) and circumstances of the family in year one of the initial period of performance.
   1. Utilize the agreed upon assessment tool to determine eligibility for service, and potential number of hours for each eligible Child per month starting in year two of the initial period of performance.
10. Ensure DSRP employee records are maintained and available to the Department upon request, and include:
11. Required application for employment materials;
12. Documentation of all training and experience;
13. Current community CPR, blood borne pathogens, and first aid certifications;
14. Copies of approved mileage reimbursement forms;
15. **Level II** DSRP shall have documented Mandt, NAPPI, and/or other Department-approved behavior intervention training/certification, and appropriate medical credentials as applicable;
16. Completion of additional training (minimum nine (9) hours per year);
17. Documented number of Respite Care hours provided by the DSRP;
18. Documented number of families the DSRP provided Respite Care for.
19. **Staff Requirements**
20. Create and implement Department-approved Respite Care certification guidelines within thirty (30) calendar days of the contract start.
21. Employ only certified DSRPs who submit a complete application for employment, including:
22. Two (2) work and/or personal references from anyone familiar with the DSRP candidate’s experience related to working with Children;
23. A valid Behavioral Health Professional certification;
24. A current and valid driver’s license or plan for transportation;
25. Evidence of being at least eighteen (18) years of age;
26. Evidence of being a U.S. citizen or eligibility to be employed in the U.S.;
27. Evidence of a high school diploma or equivalent;
28. A valid Cardiopulmonary Resuscitation (CPR), blood borne pathogens, and first aid certifications;
29. Documentation of training and certifications; and
30. Documentation of the number of years of direct service to Children.
31. Classify Respite Care staff as a **Level I** and/or **Level II** DSRP:
    1. **Level I** DSPR shall have at least six (6) months experience providing care to Children with mild to moderate level behaviors.
    2. **Level II** DSRP shall have six (6) months experience providing care to Children who require a high level of behavior intervention and/or medical care and documented Mandt, NAPPI, and/or other Department-approved behavior intervention training/certification, and appropriate medical credentials as applicable.
32. Employed DSRP shall not be eligible to receive Respite Care Services under the contract resulting from this RFP.
33. Immediately adopt any changes or amendments to the staffing requirement as adopted and/or directed by the Department.
34. Ensure all agency staff complete background checks prior to providing services under this contract as outlined in the [Department’s Rider D](https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Rider%20D%20Additional%20Requirement%20DHHS%20Boilerplate%20for%20Subrecipient%20Services.pdf).
35. **DSRP Supervision**
36. Ensure monthly supervision is provided for each DSRP and includes:
37. Recording the date and length of time supervision occurred;
38. At least one (1) hour monthly, either in groups or individually;
39. At least six (6) one-on-one (1:1) supervision sessions annually;
40. Providing supervision face-to-face, by phone, and/or virtually.
41. Tracking the method of supervision used.
42. Supervision hours may be reduced, as agreed upon by the Department, for DSRPs who receive documented supervision from a properly credentialed agency supervisor who has a/is a:
43. Bachelor’s degree in a human services or a related field and at least two (2) years of relevant human services experience;
44. Master’s degree in a human services or related field and at least one (1) year of relevant experience;
45. Valid and in good standing license to practice as a [Licensed Social Worker (LSW)](https://www.maine.gov/pfr/professionallicensing/professions/state-board-social-worker-licensure) within the State, with at least one (1) year of relevant experience;
46. Valid and in good standing license/credential to practice as a [Licensed Professional Counselor (LPC)](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure), [Licensed Clinical Professional Counselor (LCPC)](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure), [Licensed Clinical Professional Counselor Conditional Clinical (LCPC-C)](https://www.maine.gov/pfr/professionallicensing/professions/board-of-counseling-professionals-licensure), [Licensed Clinical Social Worker (LCSW)](https://www.maine.gov/pfr/professionallicensing/professions/state-board-social-worker-licensure), [Licensed Masters Social Worker Conditional (LMSW-C)](https://www.maine.gov/pfr/professionallicensing/professions/state-board-social-worker-licensure), [Psychologist](https://www.maine.gov/pfr/professionallicensing/professions/board-examiners-psychologists), [Physician](https://www.maine.gov/md/home), or [Advanced Practice Registered Nurse (APRN)](https://www.maine.gov/boardofnursing/);

[Nationally Board Certified Behavior Analyst (BCBA)](https://www.bacb.com/bcba/); or [Registered Professional Nurse](https://www.maine.gov/boardofnursing/) with at least three (3) years’ relevant experience.

1. **DSRP Training**

Ensure DSRPs receive orientation upon hire and annual training thereafter, on topics which include but are not limited to:

1. Child in crisis;
2. Program eligibility;
3. Primary Caregiver eligibility;
4. Respite Care application process;
5. Approval for Respite Care;
6. Respite Care;
7. Communication and active listening;
8. Child development and special needs;
9. Childhood diagnosis;
10. Medications;
11. Child engagement;
12. Providing safe and effective care;
13. De-escalation skills;
14. Mandated Reporting;
15. Reportable Events; and
16. HIPPA and confidentially.
17. Ensure DSRPs have applicable experience, training, and the minimum qualifications to deliver services based on the families Level of Care.
18. **Customer Service and Quality Assurance**
    1. Implement the Department-approved Family Well-being Survey (refer to **Appendix H** – Provider Packet Template) quarterly.
19. **Performance Measures**
20. Perform all services proposed in response to this RFP by achieving all performance measures listed in **Table 1**.
    1. Submit data to support the performance measure utilizing **Appendix H** (Provider Packet Template), as indicated within the performance measure data source column of **Table 1**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 1 – Mandatory Performance Measures** | | | | |
|
| **Performance Measure** | | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| *Office Goal/Initiative:* Ensure efficient use of resources through adequate oversight to achieve quality outcomes. | | | | |
| **a.** | Fifty percent (50%) of families are matched to a DSRP within thirty (30) business days of their request for Respite Care. | Quarterly | | **Appendix H** |
| **b.** | Fifty percent (50%) of individuals being served shall complete the Family Well-being Surveys. | Quarterly | | **Appendix H** |
| *Office Goal/Initiative:* Improve safety of Children, families, and communities. | | | | |
| **c.** | Eighty percent (80%) of intakes will be completed within fifteen (15) business days of referral being made. | Quarterly | | **Appendix H** |
| **d.** | Ninety-five percent (95%) of eligible families receive Respite Care, either individually or at a Site-based location. | Quarterly | | **Appendix H** |

# **Reports**

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

|  |  |  |
| --- | --- | --- |
| **Table 2 – Required Reports** | | |
| **Name of Report or On-Site Visit** | | **Description or Appendix #** |
| **a.** | Provider Packet Template | **Appendix H** |
| **b.** | Department On-Site Visit | As agreed upon by the awarded Bidder and the Department |
| **c.** | Quarterly Report of Revenue and Expenses | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management/contract-documents). |
| **d.** | Contract Closeout Report | Located at the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/contracts/index.html). |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3 – Required Reports Timelines** | | | |
| **Name of Report or On-Site Visit** | | **Period Captured by Report or On-Site Visit** | **Due Date** |
| **a.** | Provider Packet | Each quarter | Thirty (30) business days at the end of each quarter |
| **b.** | Department On-Site Visit | Point-in-time | Annually, at the Department’s discretion |
| **c.** | Quarterly Report of Revenue and Expenses | Each quarter | Thirty (30) business days at the end of each quarter |
| **d.** | Contract Closeout Report | Entire contract period | Sixty (60) business days following the close of the contract period. |

**PART III KEY RFP EVENTS**

1. **Informational Meeting**

The Department will sponsor an Informational Meeting concerning the RFP beginning at the date, time and location shown on the RFP cover page. The purpose of the Informational Meeting is to answer and/or field questions, clarify for potential Bidders any aspect of the RFP requirements that may be necessary and provide supplemental information to assist potential Bidders in submitting responses to the RFP. Although attendance at the Informational Meeting is not mandatory, it is strongly encouraged that interested Bidders attend.

1. **Questions**
   1. **General Instructions:** It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
      1. Bidders and other interested parties should use **Appendix J** (Submitted Questions Form) for submission of questions. The form is to be submitted as a WORD document.
      2. The Submitted Questions Form must be submitted, by e-mail, and received by the RFP Coordinator, identified on the cover page of the RFP, as soon as possible but no later than the date and time specified on the RFP cover page.
      3. Submitted questions must include the RFP number and title in the subject line of the e-mail. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.
   2. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the State’s [Division of Procurement Services’ Request for Proposals (RFP) website page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps) no later than seven (7) calendar days prior to the proposal due date. It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website are considered binding.
2. **Amendments**

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

## Notice of Intent to Bid

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

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

* + - 1. **Submission:** Notices of Intent are to be submitted only to the RFP Coordinator listed on this RFP’s cover page. The Bidder is responsible for allowing adequate time for delivery. The Department assumes no liability for assuring accurate/complete/on-time e-mail transmission and receipt.

1. **Submitting the Proposal**
   1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
      1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
   2. **Delivery Instructions:** E-mail proposal submissions are to be submitted to the State of Maine Division of Procurement Services at [Proposals@maine.gov](mailto:Proposals@maine.gov).
      1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
         1. Proposal submission e-mails that are successfully received by the [proposals@maine.gov](mailto:proposals@maine.gov) inbox will receive an automatic reply stating as such.
      2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
      3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Please check with your organization’s Information Technology team to ensure that your security settings will not encrypt your proposal submission.
      4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
      5. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202401009 Proposal Submission – [Bidder’s Name]”**
      6. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

* **File 1 [Bidder’s Name] – Preliminary Information:**

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

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

All required documentation stated in PART IV, Section I.

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

*PDF format preferred*

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

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

**Appendix E** (Litigation Form)

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

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

*PDF format preferred*

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

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

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

*Excel and PDF format preferred*

**Appendix G** (Cost Proposal Form)

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

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

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

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

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

**Proposal Format and Contents**

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

* 1. **Proposal Cover Page**

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

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

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

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

* 1. **Overview of the Organization**

Bidders must complete **Appendix C** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. Bidders must include three (3) examples of projects within the last five (5) years, demonstrating their experience and expertise in performing these services as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractors**

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

* 1. **Organizational Chart**

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

* 1. **Litigation**

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

* 1. **Financial Viability**

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

* 1. **Certificate of Insurance**

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

|  |  |
| --- | --- |
| **Required Attachments Related to Organization Qualifications and Experience** | |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form |
| Two (2) | Subcontractors Form |
| Three (3) | Organizational Chart |
| Four (4) | Litigation |
| Five (5) | Financial Viability |
| Six (6) | Certificate of Insurance |

Attachments 1 – 6, must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 6 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Attachments Related to Proposed Services** | | | |
| **Attachment #:** | | **Attachment Name:** | |
| Seven (7) | | DSRP Recruitment Plan | |
| Eight (8) | | Policy and Procedure: Disposal of confidential family information | |
| Nine (9) | | Policy and Procedure: Reportable Incidents and Mandated Reporting | |
| Ten (10) | | Survey dissemination and collection Plan | |
| Eleven (11) | Job Descriptions | |
| Twelve (12) | | Staffing Plan | |
| Thirteen (13) | | Implementation - Work Plan | |

Attachments 7 – 13, must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 13 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

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

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the initial period of performance, starting 7/1/2024 and ending on 6/30/2026.
     2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
     3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

1. Bidders must fill out **Appendix G** (Cost Proposal Form), following the instructions detailed here and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in the exclusion of the proposal from consideration, at the discretion of the Department.
2. **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the expenses submitted on the budget forms.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

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

**Section I. Preliminary Information (No Points)**

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

**Section II. Organization Qualifications and Experience (25 points)**

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

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

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

**Section IV. Cost Proposal (35 points)**

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

* 1. Cost Proposal (30 points)
  2. Budget Narrative (5 Points)
  3. **Scoring Process:** The evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
  4. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest bid will be awarded 30 points. Proposals with higher bids values will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted cost proposal / Cost of proposal being scored) x 30 = pro-rated score

No Best and Final Offers: The State of Maine will not seek or accept a best and final offer (BAFO) from any Bidder in this procurement process.  All Bidders are to provide their best value pricing with the submission of their proposal.

The remaining five (5) points allocated to the Cost Proposal (**Appendix G**) will be used to evaluate the responsiveness of the narrative material and supporting documentation for accuracy and reasonableness of the proposed cost (including, but not limited to, reviewing assumptions used in calculating the costs). The evaluation team will use a consensus approach to evaluate and score the budget narrative.

* 1. **Negotiations:** The Department reserves the right to negotiate with the awarded Bidder to finalize a contract. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposal to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with an awarded Bidder who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.

1. **Selection and Award**
   1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
   2. Notification of conditional award selection or non-selection will be made in writing by the Department.
   3. Issuance of the RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to the RFP, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
   4. The Department reserves the right to reject any and all proposals or to make multiple awards.
2. **Appeal of Contract Awards**

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

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

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

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

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

This provision means that a contract cannot be effective until at least fourteen (14) calendar days after award notification.

* 1. The State recognizes that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Procurement Review Committee. Any appeals to the Department’s award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date listed in the RFP may need to be adjusted, if necessary, to comply with mandated requirements.
  2. In providing services and performing under the contract, the awarded Bidder must act as an independent contractor and not as an agent of the State of Maine.

1. **Standard State Contract Provisions**
   1. Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Bidder in the finalization of the contract.

* 1. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net 30 payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from the RFP.

**PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

**Appendix A** – Proposal Cover Page

**Appendix B** – Debarment, Performance, and Non-Collusion Certification

**Appendix C** – Qualifications and Experience Form

**Appendix D** – Subcontractors Form

**Appendix E** **–** Litigation Form

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

**Appendix G** – Cost Proposal Form

**Appendix H** – Provider Packet Template

**Appendix I –** State County Map and Department District Map

**Appendix J** – Submitted Questions Form

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

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

**PROPOSAL COVER PAGE**

**RFP# 202401009**

**Family Support Respite Care Services**

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

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

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

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

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

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

**RFP# 202401009**

**Family Support Respite Care Services**

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

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

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

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

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP 202401009**

**Family Support Respite Care Services**

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project One** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Description of Project** | | | | |
| **Project Start Date** |  | | **Project End Date** |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Two** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Description of Project** | | | | |
| **Project Start Date** |  | | **Project End Date** |  |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Three** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Description of Project** | | | | |
| **Project Start Date** |  | | **Project End Date** |  |
|  | | | | |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

## SUBCONTRACTORS FORM

**RFP# 202401009**

**Family Support Respite Care Services**

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

|  |
| --- |
| **If subcontractors, including consultants, are to be used, provide each individual subcontractor’s business or consultant’s name, contact person, address, phone number, and a brief description of the subcontractor’s organizational or consultant’s capacity and qualifications. Bidders should add additional Subcontractors/Consultants as needed.** |

|  |  |
| --- | --- |
| **Subcontractor/Consultant** | |
| **Subcontractor Business or Consultant’s Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor/consultant organizational capacity and qualifications** | |
|  | |

|  |  |
| --- | --- |
| **Subcontractor/Consultant** | |
| **Subcontractor Business or Consultant’s Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor’s organizational capacity and qualifications** | |
|  | |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

## LITIGATION FORM

**RFP# 202401009**

**Family Support Respite Care Services**

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

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

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

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 202401009**

**Family Support Respite Care Services**

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

****

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

**COST PROPOSAL FORM AND BUDGET NARRATIVE**

**RFP# 202401009**

**Family Support Respite Care Services**

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

**Instructions:** The Bidder must complete and submit budget forms providing a detailed breakdown of expenses in performing the services for the initial period of performance as described in this RFP and in the Bidder’s proposal. The Total Expense amount on Form 2 Expense Summary is the proposed cost to be used in the scoring cost formula for evaluation purposes.

**The Budget Form may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

****

**The Budget Form Instructions may be obtained in a PDF (.pdf) format by double clicking on the document icon below.**

****

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

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

**PROVIDER PACKET TEMPLATE**

**RFP# 202401009**

**Family Support Respite Care Services**

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



**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

**STATE COUNTY MAP AND DEPARTMENT DISTRICT MAP**

**RFP# 202401009**

**Family Support Respite Care Services**

**Map

Description automatically generated**

**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

**SUBMITTED QUESTIONS FORM**

**RFP# 202401009**

**Family Support Respite Care Services**

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

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

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

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

**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Office of Child and Family Services*

**NOTICE OF INTENT TO BID FORM**

**RFP# 202401009**

**Family Support Respite Care Services**

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

|  |  |
| --- | --- |
| **Signature of person authorized to enter into the contract with the Department:** | |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

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