**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Aging and Disability Services*



**REQUEST FOR INFORMATION**

**RFI# 202309197**

**Neurobehavioral Treatment Services**

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| --- | --- |
| **RFI Coordinator** | *All communication regarding this RFI must be made through the RFI Coordinator identified below*.**Name:** Brittany Hall **Title:** Procurement Administrator**Contact Information:** Brittany.hall@maine.gov |
| **Informational Meeting** | **Date:** October 2, 2023 **Time:** 12:00 p.m., local time**Location:** ZOOM Meeting Link: [Web Link for RFI 202309197](https://mainestate.zoom.us/j/89890401625?pwd=S2hUbC82cmkzM3Y2Y3g5bzl2NkxGUT09) Meeting ID: 898 9040 1625, or by phone at 1-646-876-9923 using the Meeting ID provided |
| **Submitted Questions Due** | *All questions must be submitted to the RFI Coordinator identified above by:***Date:** October 3, 2023, no later than 5:00 p.m., local time |
| **Response Submission** | **Submission Deadline:** October 24, 2023, no later than 5:00 p.m., local time**Submit to:** brittany.hall@maine.gov |

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# **PUBLIC NOTICE**

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**State of Maine**

**Department of Health and Human Services**

**RFI# 202309197**

**Neurobehavioral Treatment Services**

The State of Maine is seeking information regarding the development of Neurobehavioral Treatment Services, which would include early intervention services, community-based services, and structured residential treatment services.

A copy of the RFI, as well as the Question & Answer Summary and all other related documents to this RFI, can be obtained at the following website: http://www.maine.gov/dafs/bbm/procurementservices/vendors/rfis

An Informational Meeting will be held on October 2, 2023 at 12:00 p.m., local time at the following location: <https://mainestate.zoom.us/j/89890401625?pwd=S2hUbC82cmkzM3Y2Y3g5bzl2NkxGUT09> using Meeting ID: 898 9040 1625, or by phone at 1-646-876-9923 using the Meeting ID provided.

Responses must be submitted to: brittany.hall@maine.gov and be submitted by 5:00 pm, local time, on October 24, 2023.

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**RFI DEFINITIONS/ACRONYMS**

The following terms and acronyms shall have the meaning indicated below as referenced in this Request for Information:

|  |  |
| --- | --- |
| **Term/Acronym** | **Definition** |
| **Brain Injury (BI)** | As defined by [22 M.R.S. § 3086](https://legislature.maine.gov/statutes/22/title22sec3086.pdf) |
| [**Commission on Accreditation of Rehabilitation Facilities**](https://www.carf.org/home/) **(CARF)** | An independent, nonprofit, accreditor of health and human services that center on enhancing the lives of persons served.  |
| **Department** | Department of Health and Human Services |
| **Forensic System** | Services for people with a behavioral health disorder in the criminal justice system who have offended or pose a risk to themselves or others. |
| **Respondent** | Any individual or organization submitting a response to this Request for Information (RFI). |
| **RFI** | Request for Information |
| **RFP** | Request for Proposal |
| **State** | State of Maine |

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

**RFI# 202309197**

**Neurobehavioral Treatment Services**

# **PART I INTRODUCTION**

## A. Purpose and Background

This Request for Information (RFI) is an information gathering and market research tool, not a formal solicitation of a specific requirement, such as in a Request for Proposals (RFP) document. The Department of Health and Human Services (Department) is seeking information regarding Neurobehavioral Treatment Services from interested parties as defined in this RFI document. This is an opportunity for interested parties to help the Department better understand a marketplace and/or specific subject matter.

The Department seeks input, for consideration, from parties interested in designing and implementing a Neurobehavioral Treatment Service in the State of Maine (State) for the assessment, planning, and treatment of neurobehavioral disorders associated with a Brain Injury (BI). The Department is particularly interested in best practice and/or innovative design and implementation approaches for a Neurobehavioral Treatment Service, which could limit programmatic risk and increase service availability across the State.

The Neurobehavioral Treatment Services could include standalone treatment facilities and a mobile community service.

The Department anticipates the target size of a Neurobehavioral Residential Treatment service would include two (2) standalone licensed facilities with a total of twelve (12) to twenty (20) beds. The facilities would serve as a transition for members unable to safely reside or remain in the community without additional post-injury comprehensive clinical services. The facilities would ideally create an environment and physical plant structure akin to a residential home rather than a medical facility, such as a hospital. The facility would need to be Commission on Accreditation of Rehabilitation Facilities (CARF) accredited with all staff having a completed BI training with ongoing continuing education requirements. The facilities would use an interdisciplinary treatment approach utilizing the latest evidence-based approaches to neurobehavioral treatment to include assessment and intervention that address all domains of functioning. The treatment team could include a medical and/or clinical director, a program nurse, and licensed clinical staff, along with highly trained direct care staff. The facility home would need to have a community integration model with clear, measurable goals and a plan to meet those goals for transition into the community. The facility could not refuse appropriate referrals. Clinical admission criteria have not been established at this time as it would be dependent on the licensing of the facility and the model created.

The Department anticipates the target size for a Mobile Neurobehavioral Community Service would include capacity to deliver in-person and telehealth services for up to two hundred and fifty (250) individuals per year Statewide. Services may be provided in multiple settings, including the adult’s home and/or workplace depending on the individual’s needs. The service could include but would not limited to components of assessment and intervention to include risk mitigation, planning, and coordination of care for an unspecific period appropriate to the needs of the adult. Mobile service would include consultation with family members, providers, or other caretakers to design and implement individualized treatment plans and provide additional direct services as needed to stabilize the situation. The services would be available to an individual on a twenty-four-seven (24/7) basis to address personal, social, and behavioral problems, which otherwise are likely to threaten the health and safety of the individual or other others and/or to result in the individual’s removal from the current living arrangement. Components of staffing could include a clinical director, behavioral health clinicians with expertise in neurobehavioral treatment, and highly trained neurobehavioral support direct care staff.

## B. Current Conditions

The focus of this RFI is for a design and implementation of a residential treatment facility and community mobile service for adults with neurobehavioral needs, which will serve adults from a combination of settings, including but not limited to, individuals discharging from State psychiatric, community hospitals and BI rehabilitation facilities, adults with BI who are no longer maintaining community status related to both complex medical needs and significant behavioral challenges. The neurobehavioral residential treatment facility and mobile neurobehavioral community service will address a current gap in services, which often results in individuals receiving inpatient services in facilities not trained or designed to support adults with neurobehavioral needs.

**C. Challenge Statement**

This RFI is intended to explore an overarching question: How should the State address the service and support gap in the continuum of care for individuals with BI experiencing significant post-hospital neurobehavioral dyscontrol (e.g., impaired ability to control or regulate emotion, behavior, or cognition), including both aggressive and disinhibited behavior, through positive and effective community-based treatment and support?

## General Provisions

1. All contact with the State regarding this RFI must be made through the aforementioned RFI Coordinator. No other person/ State employee is empowered to make binding statements regarding this RFI.
2. This is a non-binding Request for Information. Therefore, no award shall be made as a result of the RFI process.
3. Issuance of this RFI does not commit the Department to pay any expenses incurred by a Respondent in the preparation of their response to this RFI. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
4. Issuance of this RFI in no way constitutes a commitment by the State of Maine to issue a Request for Proposal (RFP).
5. All responses should adhere to the instructions and format requests outlined in this RFI and all written supplements and amendments, such as the Summary of Questions and Answers, issued by the Department.
6. All submissions in response to this RFI will be 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.)](http://www.mainelegislature.org/legis/statutes/1/title1sec401.pdf): [State of Maine Freedom of Access Act](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html)
7. All applicable laws, whether or not herein contained, shall be included by this reference. It shall be Proposer’s/Vendor’s responsibility to determine the applicability and requirements of any such laws and to abide by them.

# **PART II INFORMATION SOUGHT**

The Department seeks information regarding Neurobehavioral Treatment Services and welcomes responses to this RFI, including creative suggestions and feedback to enhance and expedite all future processes while providing efficient, reliable and high-quality outcomes. Respondents are not required to submit responses pertaining to every question, but the Department encourages interested parties to respond to any or all relevant aspects of the RFI.

The Department seeks detailed yet succinct responses that demonstrate the Respondent’s experience and/or familiarity with the subject matter. Respondents should use **Appendix A** (Response Submission Form) to provide responses to this RFI.

**As this is not a competitive RFP process,** **Respondents must not provide any specific cost or customized pricing documentation in their response.**

1. **General Information**

Provide a brief overview of the Respondent’s organization. Individuals not affiliated with an organization are encouraged to submit a response to this RFI.

* 1. Identify the organization/individual represented in this RFI by completing **Appendix A** (Response Submission Form), including the:
		1. Organization/individual and any affiliations;
		2. Lead point of contact;
		3. Organization/individual’s address; and
		4. Organization/individual’s contact information (phone number(s) and email address).
	2. Identify the organization/individual’s experience in providing Neurobehavioral Treatment Services that meet the needs identified in this RFI document.
1. **Feedback Requested**
2. Describe an ideal community-based system to address neurobehavioral challenges.
3. What conclusions can be drawn from neurobehavioral models of care in other states?
4. What lessons should be applied to the development of a Neurobehavioral Treatment Service in Maine?
5. Describe a Neurobehavioral Treatment Service model to include non-institutional facility-based services and mobile community-based services.
6. What would the design of a clinical team and non-clinical team look like?
7. Describe the educational and specific staff requirements as well as the potential need for accreditation.
8. Describe clinical modalities for treating individuals in the community who have challenging behaviors.
9. Would this also include substance use treatment modalities?
10. Describe a philosophy around least restrictive environment and positive behavioral supports when treating individuals with challenging behaviors.
11. Which partnerships with community-based services providers would be critical to the successful a Neurobehavioral Treatment Services in Maine, and why?
12. Describe an approach to partnering with existing community-based service providers.
13. Which areas of the State would benefit from a neurobehavioral residential treatment service, and why?
14. How would these service address geographical gaps to serve individuals living in urban and rural areas?
15. Describe a service delivery model with the capacity to treat individuals with neurobehavioral needs that are also involved with the Forensic System.
16. Address the physical plan requirements and initial capacity needed to begin and run both a residential and mobile community-based Neurobehavioral Treatment Service in Maine.

# **PART III KEY RFI EVENTS AND PROCESSES**

1. **Informational Meeting**

The Department will sponsor an Informational Meeting concerning this RFI beginning at the date, time and location shown on the RFI cover page. The purpose of the Informational Meeting is to provide interested parties with additional information related to this RFI, field questions, and clarify any questions as to this RFI request.

## Questions

**1. General Instructions**

1. It is the responsibility of each interested party to examine the entire RFI and to seek clarification, in writing, if they do not understand any information or instructions.
2. Interested parties should use **Appendix B** (Submitted Questions Form) for submission of questions.
3. The Submitted Questions Form must be submitted by e-mail and received by the RFI Coordinator, identified on the cover page of this RFI, as soon as possible but no later than the date and time specified on the RFI cover page.
4. Submitted Questions must include the RFI Number and Title in the subject line of the e-mail. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.

**2. Question & Answer Summary**

Responses to all questions will be compiled in writing and posted on the following website: http://www.maine.gov/dafs/bbm/procurementservices/vendors/rfis. It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.

## Submitting the Response

1. **Responses Due**

Responses must be received no later than the date and time listed in the timeline above.

1. **Delivery Instructions**

Responses must be submitted to the RFI Coordinator, via e-mail, listed on the cover page of this RFI document.

1. **Response Format**

Responses to this RFI should be submitted on **Appendix A** (Response Submission Form). A list of key questions is included within **Appendix A** and all submissions, regardless of format will be reviewed. Respondents are asked to be brief and to respond to as many questions as possible within **Appendix A**.

# **PART IV REVIEW OF RESPONSES RECEIVED**

# **General Information**

1. The Department will review responses received for the purpose of gathering information and market research only. The Department will not score or rate responses received.
2. The Department reserves the right to communicate and/or schedule interviews/presentations with Respondents, if needed, to obtain clarification of information contained in the responses received and/or additional information to enhance marketing research efforts.

**APPENDIX A**

**STATE OF MAINE**

**Department of Health and Human Services**

## RESPONSE SUBMISSION FORM

**RFI# 202309197**

**Neurobehavioral Treatment Services**

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



**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

**SUBMITTED QUESTIONS FORM**

**RFI# 202309197**

**Neurobehavioral Treatment Services**

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| --- | --- |
| **Organization/Responder’s Name:** |  |

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| **RFI Section & Page Number** | **Question** |
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*\* If a question is not related to any section of the RFI, state “N/A” under “RFI Section & Page Number”.*

*\*\* Add additional rows, if necessary.*