**STATE OF MAINE**

**Department of Health and Human Services**

*Office of Aging and Disability Services*



**RFP# 202402038**

**Fiscal Agent for Atypical Services**

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| --- | --- |
| **RFP Coordinator** | *All communication regarding the RFP must be made through the RFP Coordinator identified below*.  **Name:** Brittany Hall **Title:** Procurement Administrator  **Contact Information:** [Brittany.hall@maine.gov](mailto:Brittany.hall@maine.gov) |
| **Informational Meeting** | **Date:** April 2, 2024 **Time:** 10:00 a.m., local time  **Location:** ZOOM Meeting Link: [Web Link for RFP 202402038](https://mainestate.zoom.us/j/86390169502?pwd=UU42RTZhcVlaZFhjWVRqZkFYeUVtUT09) Meeting ID: 863 9016 9502, 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:** April 3, 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 26, 2024, no later than 11:59 p.m., local time |
| **Proposal Submission**  **Deadline** | *Proposals must be received by the Division of Procurement Services by:*  **Submission Deadline:** May 6, 2024, no later than 11:59 p.m., local time.  *Proposals must be submitted electronically to*:[Proposals@maine.gov](mailto:Proposals@maine.gov) |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202402038**

**Fiscal Agent for Atypical Services**

The State of Maine is seeking proposals for a Fiscal Agent to provide coordination and monitoring of certain “Atypical” or specialized services for older adults and adults with disabilities.

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

An Information Meeting will be held on April 2, 2024 at 10:00 a.m., local time at the following location: <https://mainestate.zoom.us/j/86390169502?pwd=UU42RTZhcVlaZFhjWVRqZkFYeUVtUT09> using Meeting ID: 863 9016 9502, 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 May 6, 2024. Proposals will be opened the following business day. Proposals not submitted to the Division of Procurement Services’ aforementioned e-mail address by the aforementioned deadline will not be considered for contract award.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

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

| **Term/Acronym** | **Definition** |
| --- | --- |
| **APS** | The Department’s Adult Protective Services. |
| **ASP Agreement** | A written agreement between the Fiscal Agent for Atypical Services (FAAS) and the Atypical Service Provider (ASP). |
| **Assistive Technology** | An item, piece of equipment, or product system, whether acquired commercially, modified, or customized, used to increase, maintain, and/or improve functional capabilities of a Member’s ability to perform certain activities of daily living. |
| **Atypical Services** | Certain services provided to older adults and adults with disabilities under the [Section 19 of the MaineCare Benefits Manual (MBM)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s019.docx&wdOrigin=BROWSELINK). Atypical Services include but are not limited to:   1. Environmental Modifications (i.e., in one’s home); 2. Institutional Respite Care; 3. Personal Emergency Response Service; and/or 4. Assistive Technology including Remote Monitoring and Transmission |
| **Atypical Service Provider (ASP)** | An individual or entity who enters into an agreement with the FAAS, and provides Atypical Services to, or on behalf of, a Member or individual. ASPs include many types of providers of goods and services whose primary business focus may not necessarily be in the healthcare field. For example, an ASP may be a building contractor who occasionally undertakes assistive, home modification projects for older adults, in addition to other non-assistive and non-healthcare-related projects. |
| **Authorized Plan of Care** | Specifies all services to be delivered to a Member under Section 19 of the MBM, including the number of hours for each covered service, and the provider type to deliver each service. The Authorized Plan of Care reflects the needs of a Member, taking into account the Member’s living arrangement, informal caregiving supports provided by family and friends, and services provided by other public and private funding sources. |
| **Department** | Department of Health and Human Services |
| **DLC** | The Department’s Division of Licensing and Certification |
| **Environmental Modifications** | Physical modifications to the Member’s place of residence, authorized in the Member’s Authorized Plan of Care, which are necessary to ensure the health and welfare of the Member, or which enable the Member to function with greater independence in the home, and are not covered or available under any other funding source. Modifications include, but are not limited to: ramps, lifts, modifications to bathrooms and kitchens, and specialized modifications such as door widening. Major re-modeling or construction and modification of motor vehicles is not included or covered. |
| **Fiscal Agent for Atypical Services (FAAS)** | Awarded Bidder under this RFP. |
| **Homeward Bound** | Also known as Maine’s “Money Follows the Person” (MFP) demonstration, is a grant designed to rebalance long-term care support systems to increase home and community-based services as an alternative to institutional care. Maine’s MFP program focuses on streamlining and supporting transitions from institutions to the community by increasing outreach and education to institutional residents and decreasing barriers to transition. Efforts under the MFP program, include transition assistance, flexible transition funds, Assistive Technology, remote support, and housing assistance. |
| **Household Start-up** | Arranging for and setting up a household, when necessary to ensure a successful transition or to enable the participant to maintain residency in the community. |
| **LTCOP** | [Maine’s Long-Term Care Ombudsman Program](https://www.maineombudsman.org/default.aspx) |
| **MaineCare** | Maine’s Medicaid program. |
| [**MaineCare Benefits Manual (MBM)**](https://www.maine.gov/sos/cec/rules/10/ch101.htm) | A set of regulations promulgated under the Administrative Procedures Act that govern MaineCare program operations and requirements. |
| **Maine Integrated Health Management Solution (MIHMS)** | Maine’s Medicaid Management Information System(s) for processing provider claims and reimbursement. |
| **Member** | An individual who meets the eligibility requirements to receive services under Section 19 of the MBM. |
| **OADS** | The Department’s Office of Aging and Disability Services |
| **Participant-Directed Option** |  |
| **Personal Emergency Response System** | An electronic device that enables certain high-risk Members to secure help in the event of an emergency. The Member may also wear a portable “help” button to allow for mobility. The system is connected to a Member’s phone and programmed to signal a response center once a “help” button is activated. The response center is staffed by trained professionals. |
| **Remote Monitoring** | Assistive Technology which provides real time remote support monitoring of the Member with an electronic device which assists them to remain safely in their homes. Remote Monitoring services may include a range of technological options including in-home computers, sensors, and/or video camera linked to a provider that enables 24/7 monitoring and/or contact as necessary. |
| **Representative** | An individual responsible for managing ASPs on behalf of a Member using the Participant-Directed Option. The Representative must meet the qualifications and requirements as described in Section 19 of the MBM. |
| **Respite Care** | Care provided to a Member who is unable to care for themselves, and who requires care on a short-term basis due to the temporary absence of, or to provide relief for, the caregiver who normally provides the care. |
| **RFP** | Request for Proposal |
| **Root Cause** | A factor that has caused a nonconformance and should be permanently eliminated through process improvement. |
| **Root Cause Analysis** | A collective term that describes a wide range of approaches, tools, and techniques used to uncover causes of problems. |
| [**Section 19 of the MBM**](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s019.docx&wdOrigin=BROWSELINK) | [Chapters I and II of the MBM](https://www.maine.gov/sos/cec/rules/10/ch101.htm) and the requirements for the Home and Community Benefits for Older Adults and for Adults with Disabilities waiver program, in its current form or as amended hereafter. Section 19 of the MBM is known as Maine’s Home and Community Benefits for the Elderly and Adults with Disabilities. |
| **Service Coordination Agency (SCA)** | Organizations to provide care coordination and skills training Statewide to eligible Members under Section 19 of the MBM, who have met the Department’s MaineCare provider enrollment requirements. The SCAs refer eligible Members to the FAAS for the following services:   1. Environmental Modifications (i.e., in one’s home); 2. Institutional Respite Care; 3. Personal Emergency Response Service; and/or 4. Assistive Technology including Remote Monitoring and Transmission. |
| **Service Order** | A document provided by the SCA that includes information on the type, amount, and frequency of services to be provided to the Member. The Service Order specifies the tasks authorized in the Member’s Authorized Plan of Care. |
| **State** | State of Maine |
| **Transmission** | Exchange of data for use of the Assistive Technology device via internet or cable utility that supports Remote Monitoring. |

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

*Office of Aging and Disability Services*

**RFP# 202402038**

**Fiscal Agent for Atypical Services**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking a Fiscal Agent for Atypical Services (FAAS) 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 Aging and Disability Services (OADS) is responsible for the provision of services that promote the highest level of independence, health, and safety of older citizens, vulnerable adults, and adults with disabilities.

The Department has been providing Atypical Services to Members eligible under [Section 19 of the MaineCare Benefits Manual (MBM)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s019.docx&wdOrigin=BROWSELINK) and its Homeward Bound Program, which include:

1. Environmental Modifications (i.e., in one’s home);
2. Institutional Respite Care;
3. Personal Emergency Response Service;
4. Assistive Technology including Remote Monitoring and Transmission; and/or
5. Household Start-up.

The Department currently serves up to two thousand seven hundred and thirty-one (2,731) Members monthly under Section 19 of the MBM. Of that total, approximately nine hundred and seventy-five (975) Members (unduplicated) received Atypical Services each month.

Through this RFP, the Department intends to procure a Fiscal Agent to provide coordination and monitoring of certain “Atypical” or specialized services for older adults and adults with disabilities under the Section 19 of the MBM, as well as Members participating in Homeward Bound, Maine’s “Money Follows the Person” Program.

The awarded Bidder shall provide a FAAS, including entering into agreements with Atypical Service Providers (ASPs). Since many ASPs are not affiliated with or focused on the healthcare field and are unfamiliar with MaineCare requirements, the FAAS shall:

* Ensure all eligible Members receive Atypical Services;
* Ensure the ASPs’ services are delivered according to the Authorized Plan of Care;
* Oversee and assure compliance with State, federal and local policy requirements; and
* Conduct quality reviews and provide timely reports of all ASP services.

Atypical Services support Maine’s commitment to help individuals remain as independent as possible in their homes, and/or to delay or prevent institutional care by increasingthe availability of long-term services and supports in thecommunity.

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

Entities who are not providers of the underlying Atypical and specialized services being coordinated and billed under this RFP are invited to submit bids.

1. **Contract Term**

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

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

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

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 10/1/2024 | 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. **General Requirements**
2. Provide administrative functions (i.e., obtaining provider bids, provider searches, billing) relating to Atypical Services for eligible Members under [Section 19 of the MaineCare Benefits Manual (MBM)](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.maine.gov%2Fsos%2Fcec%2Frules%2F10%2F144%2Fch101%2Fc2s019.docx&wdOrigin=BROWSELINK), including Members participating in Homeward Bound.
3. Assist referred Member and/or their Representative, with implementing the approved Atypical Service in compliance with Section 19 of the MBM.
4. Reimburse Atypical Service Providers (ASPs) directly for the Atypical Services provided.
   1. Notify ASPs in seven (7) business days when errors in invoices and/or Services Orders are received.
5. Attend meetings as requested and determined by the Department, including, but not limited to:
   1. Monthly conference calls to discuss the complaint log and withdrawn referrals reporting.
   2. Quarterly meetings, at a location specified by the Department, to include the review of the collated report of complaints.
   3. Attendance by telephone or web conference may be permitted when approved by the Department.
6. Develop and conduct an annual satisfaction survey of Members receiving Atypical Services.
   1. The survey must be approved by the Department prior to distribution to Members.
7. Enroll as a MaineCare provider by the start of the Initial Period of Performance, refer to the Office of MaineCare Services [Provider Enrollment and Revalidation website](https://www.maine.gov/dhhs/oms/providers/provider-enrollment-revalidation).
8. **Atypical Services Requirements**
9. Coordinate Atypical Services for:
10. Environmental Modifications (i.e., in one’s home);
11. Institutional Respite Care;
12. Personal Emergency Response Service;
13. Assistive Technology including Remote Monitoring and Transmission; and/or
14. Household Start-up.
15. Ensure Atypical Services are provided in accordance with the Members Authorized Plan of Care provided by the Service Coordination Agency (SCA).
16. Maintain an extensive ASP network.
    * + - 1. Work cooperatively with ASPs providing services to Members.
          2. Enter into an ASP Agreement with each ASP prior to allowing services to be provided.

Ensure all existing and new ASPs are approved by the Department prior to entering into ASP Agreements.

* + 1. Ensure ASP Agreements includes:
    2. “The ASP must notify the FAAS within twenty-four (24) hours if/when the ASP is unable to provide services for any reason.”
    3. “The ASP must meet all local, State, federal and administrative regulations and policies associated with the Atypical Service being provided.”
    4. “The ASP must review and abide by all relevant notices including any changes to notices issued by the FAAS.”

Ensure ASPs comply with the terms of the ASP Agreements.

1. Ensure Members have access to and choices in ASPs.
   * + - 1. Ensure Members are offered a Participant-Directed Option, if applicable.
         2. Ensure the Member’s choice is within the limits of the Member’s cost cap according to Section 19 of the MBM program regulations.
         3. Ensure every reasonable attempt is made to secure an ASP Agreement with a service provider who is not within the ASP network when requested by the Member.
2. Cooperate with and accept Member referrals from SCAs.
3. Arrange for an evaluation for the requested Atypical Service.
   1. Evaluations shall be completed prior to providing the Atypical Service.
   2. Atypical Services shall meet the requirements of Section 19 of the MBM.
      * 1. Obtain at least two (2) price quotes for an approved Atypical Service to ensure that cost-efficiency of services is a factor in delivering the service to meets the needs of the Member.

Exceptions must be approved by the Department.

1. Transmit Service Orders and other relevant documents to the ASP who is providing the approved service within forty-eight (48) hours.
2. Ensure Environmental Modifications are provided and completed by qualified professionals in accordance with applicable federal, State, or local building codes, including:
   1. Ensuring ASP’s providing Atypical Services are performed by or supervised by a State licensed/certified professional as required.
   2. Conducting on-site visits to provide evaluations and quality monitoring as necessary and as requested by the Department.
3. Ensure the ASP’s service delivery complies with the authorized amount as indicated in the Members Authorized Plan of Care.
4. Maintain documentation in support of invoiced Atypical Services as required by State and federal law, regulations, and policies.
5. Respond to questions, problems, and/or complaints from Members and/or their Representative, providers, nurse assessors, or advocates.
   1. Identify and resolve reported issues within forty-eight (48) hours.
   2. Develop complaint logs and surveys to monitor the timely response of calls.
6. **Appeals, Complaints and Violation Process**
   * + 1. Upon notification from the Department that an individual is seeking an administrative hearing:
   1. Review the appeal request and assessment at issuance for compliance with policy requirements specified in [10-144 C.M.R. Ch. 1;](https://www.maine.gov/sos/cec/rules/10/ch101.htm)
   2. Complete a hearing report, specified in [10-144 C.M.R. Ch. 1, § IV(O)](https://www.maine.gov/sos/cec/rules/10/chaps10.htm) and submit to the Department’s Office of Aging and Disability Services (OADS) administrative hearings representative.
7. Prepare and submit a case hearing packet, to the OADS administrative hearings representative within ten (10) business days from notification of an appeal request, which shall include a:
   1. Cover letter;
   2. Copy of the hearing report submitted to the Department;
   3. Letters/correspondences related to the ASP decision;
   4. Program rules related to the case;
   5. Supporting documentation; and
   6. Signed authorization to release information.
8. Appear as a witness at all Member appeal administrative hearings related to Assistive Technology and environmental service denials and be prepared to testify about justifications for eligibility decisions and reconsideration decisions.
9. Work cooperatively with applicable Department offices and federal and State agencies by monitoring and reporting compliance with applicable laws and regulations.
10. Develop and maintain a complaint and appeal log process that documents and addresses all complaints and appeals, using a format agreed to by the Department, including but not limited to:
11. Ensuring corrective action is taken at the time of receipt of the complaint.
12. Providing an opportunity for the ASP to discuss complaints with the FAAS.
13. Undertake a Root Cause Analysis of all complaints related to business process used by the FAAS.

Ensuring resolution of the identified Root Cause(s) is completed by the business entity, division, or office of a business entity, individual, or other found responsible for the Root Cause.

Present the results of the Root Cause Analysis and resolution plan at quarterly meetings with the Department.

1. Report any ASPs who do not comply with local, State, federal and administrative regulation and policies associated with Atypical Services to the Department.

When an ASP commits an apparent intentional violation, make appropriate referrals within twenty-four (24) hours to:

The Department’s Adult Protective Services (APS) and/or Division of Licensing and Certification (DLC);

The Maine Long-Term Care Ombudsman Program (LTCOP); and/or

Government audit and investigation organizations.

Report all ASP violations to the Department within twenty-four (24) hours or the following business day, whichever occurs first and provide advance notice (seven (7) business days) prior to terminating an ASP Agreement due to poor performance.

1. **MaineCare Claims**
2. Submit claims related to MaineCare reimbursement to the Maine Integrated Health Management Solution (MIHMS) for Atypical Services delivered to Members, in compliance with MaineCare policy requirements.
   1. Claims shall be pre-processed in compliance with the MaineCare claims standards to identify needed corrections and return problematic invoices to ASPs for correction, including invoices that must be submitted to third party payers.
3. **Information Management**
4. Maintain an information management information process that is capable of:
5. Transmitting Service Orders and relevant documents to the ASP by paper and fax or, whenever possible, via electronic transmission (i.e., email);
6. Managing the payment process to include:
7. Service authorizations;
8. Invoices from ASPs;
9. Matching invoices to service authorizations;
10. Submitting MaineCare reimbursable invoices to MIHMS; and
11. Reimbursing ASPs.
12. Producing all required reports requested by the Department.
13. Documenting activities done with or on behalf of the Member and ASPs.
14. Creating and maintaining notifications to ASPs related to errors in invoicing and Service Orders.
15. **Performance Measures**
16. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
    1. Submit data to support the performance measure utilizing **Appendix I** (Performance Measure Report Template) or via a third-party data source, as indicated within the performance measure data source column of **Table 1**.
    2. Provide additional supportive documentation as indicated in **Table 1**, for Department validation of the summary data submitted in the Performance Measures Report as requested by the Department.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Mandatory Performance Measures** | | | |
|
| **Performance Measure** | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| **a.** | At least ninety percent (90%) of Members will report satisfaction with the quality of services received. | Annual | Satisfaction Survey and Performance Measure Report |
| **b.** | At least ninety percent (90%) of Members will be contacted within two (2) business days of the referral. | Quarterly | Performance Measures Report |

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports/on-site visit, including but not limited to those listed in **Table 2**:

|  |  |  |
| --- | --- | --- |
| **Table 2 – Required Reports** | | |
| **Name of Report or On-Site Visit** | | **Description or Appendix #** |
| **a.** | Performance Measures Report | **Appendix I -** Report that captures the numerator and denominator to the above-mentioned Performance Measures. |
| **b.** | Authorization Report | Reflects the types of services requested and approved. |
| **c.** | Atypical Services Census Report | An unduplicated month end total of the number of:Members served;Service Order requested and processed by service category; andExpenditures by service category |
| **d.** | Complaint Log Report | A spreadsheet documenting at a minimum:Complainant’s name and relationship to the Member;Date complaint received;Nature of the complaint (whether resulting from the satisfaction survey or reported by other means);Responsive action taken; andDate of the responsive action. |
| **e.** | Contracted ASP Report | List of all contracted ASPs including the services to be, are being, or have been provided. |
| **f.** | Violation Referral Report | List of all referrals of violations made to the APS, DLC, and the LTCOP. |
| **g.** | Appeal and Grievance Report | Number of appeals and grievances received during the reporting period;Status and outcome of all appeals and grievances;, andAny closing comments or rebuttals to the hearing officer’s decisions, whether recommended or final. |
| **h.** | Satisfaction Survey Report | Aggregate data reflecting Member satisfaction survey results. |
| **i.** | Open Referral Tracker | * Number of referrals open month over month by type of service; * Oldest referral date by type of service;  Environmental Modifications status of referrals. (e.g., number of referrals: assigned to contractor, waiting for assignment, waiting on estimates, waiting for customer approval, in process, waiting for final satisfaction call.) |
| **j.** | Department On-Site Visit | As agreed, between the Department and awarded Bidder. |
| **k.** | 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 electronically 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.** | Performance Measures Report | Each quarter | Thirty (30) calendar days after the end of each quarter |
| **b.** | Authorization Report | Each month | Thirty (30) calendar days after the end of each month |
| **c.** | Program Census Report | Each month | Thirty (30) calendar days after the end of each month |
| **d.** | Complaint Log Report | Each quarter | Thirty (30) calendar days after the end of each quarter |
| **e.** | Contracted ASP Report | Each quarter | Thirty (30) calendar days after the end of each quarter |
| **f.** | Violation Referral Report | Each month | Thirty (30) calendar days after the end of each month |
| **g.** | Appeal and Grievance Report | Each month | Thirty (30) calendar days after the end of each month |
| **h.** | Satisfaction Survey Report | Each year | Sixty (60) calendar days following the end of the year |
| **i.** | Open Referral Tracker | Each month | Thirty (30) calendar days after the end of each month |
| **j.** | Department On-Site Visit | Point-in-time | Annually, at the Department’s discretion |
| **k.** | Contract CloseoutReport | Entire contract period | Sixty (60) calendar days following the close of the contract period. |

**PART III KEY RFP EVENTS**

1. **Informational Meeting**

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

1. **Questions**
   1. **General Instructions:** It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
      1. Bidders and other interested parties should use **Appendix K** (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 J** (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# 202402038 Proposal Submission – [Bidder’s Name]”**
      6. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

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

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

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

**Appendix C** (Attestation Statement)

All required eligibility documentation stated in PART IV, Section I.

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

*PDF format preferred*

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

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

**Appendix F** (Litigation Form)

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

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

*PDF format preferred*

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

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

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

*Excel format preferred*

**Appendix H** (Cost Proposal Form)

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

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

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

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

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

**Proposal Format and Contents**

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

* 1. **Proposal Cover Page**

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

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

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

* 1. **Eligibility Requirements**

Bidders must provide documentation to demonstrate meeting eligibility requirements stated in PART I, C. of the RFP. This documentation includes:

1. **Appendix C** (Attestation Statement)

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

* 1. **Overview of the Organization**

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

* 1. **Subcontractors**

If subcontractors are to be used, including consultants, Bidders must complete **Appendix E** (Subcontractors Form) by providing a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.  **ASPs are not considered subcontractors as part of the RFP process**.

* 1. **Organizational Chart**

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

* 1. **Litigation**

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

* 1. **Financial Viability**

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

* 1. **Certificate of Insurance**

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

|  |  |
| --- | --- |
| **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 Form |
| Five (5) | Financial Viability |
| Six (6) | Certificate of Insurance |

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

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

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

|  |  |
| --- | --- |
| **Required Attachments Related to Proposed Services** | |
| **Attachment #:** | **Attachment Name:** |
| Seven (7) | Job Descriptions |
| Eight (8) | Staffing Plan |
| Nine (9) | Implementation - Work Plan |

Attachments 7 – 9, must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 9 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

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

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the initial period of performance and subsequent renewals, starting 10/1/2024 and ending on 06/30/2029.
     2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
     3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

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

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

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

**Section I. Preliminary Information (No Points – Eligibility Requirements)**

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

**Section II. Organization Qualifications and Experience (30 points)**

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

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

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

**Section IV. Cost Proposal (30 points)**

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

* 1. Cost Proposal (25 points)
  2. Budget Narrative (5 Points)
  3. **Scoring Process:** For proposals that demonstrate meeting the eligibility requirements in Section I, the evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
  4. **Scoring the Cost Proposal:** The total cost per member per month proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest per member per month bid will be awarded 25 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 per member per month cost proposal / Per member per month cost of proposal being scored) x 25 = pro-rated score

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

The remaining five (5) points allocated to the Cost Proposal (**Appendix H**) will be used to evaluate the responsiveness of the narrative material and supporting documentation for accuracy and reasonableness of the proposed cost (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 Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

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

This provision means that a contract cannot be effective until at least 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** – Attestation Statement

**Appendix D** – Qualifications and Experience Form

**Appendix E** – Subcontractors Form

**Appendix F** – Litigation Form

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

**Appendix H** – Cost Proposal Form

**Appendix I** – Performance Measure Report Template

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

**Appendix K** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of Aging and Disability Services*

**PROPOSAL COVER PAGE**

**RFP# 202402038**

**Fiscal Agent for Atypical 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 Aging and Disability Services*

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

**RFP# 202402038**

**Fiscal Agent for Atypical 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 Aging and Disability Services*

## ATTESTATION STATEMENT

**RFP# 202402038**

**Fiscal Agent for Atypical Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Attestation** | |
| ***Entities submitting a bid under this RFP may not be a provider of the underlaying Atypical and specialized services being coordinated and billed under this RFP.*** | |
| By signing below, the Bidder acknowledge that its organization is not a provider of the underlaying Atypical and specialized services being coordinated and billed under this RFP. | |

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

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of Aging and Disability Services*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202402038**

**Fiscal Agent for Atypical 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.** |

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

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

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

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of Aging and Disability Services*

## SUBCONTRACTORS FORM

**RFP# 202402038**

**Fiscal Agent for Atypical 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.**  **ASPs are not considered subcontractors as part of the RFP process.** |

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

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of Aging and Disability Services*

## LITIGATION FORM

**RFP# 202402038**

**Fiscal Agent for Atypical Services**

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

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

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

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of Aging and Disability Services*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 202402038**

**Fiscal Agent for Atypical Services**

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

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**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of Aging and Disability Services*

**COST PROPOSAL AND BUDGET NARRATIVE FORM**

**RFP# 202402038**

**Fiscal Agent for Atypical Services**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Proposed Cost Per Member Per Month Fee:** | **$** |

**Instructions:** Bidders are to provide the cost per Member per month in performing the services for the initial period of performance and subsequent renewals as described in this RFP and in the Bidder’s proposal. The Cost Per Member Per Month amount is the proposed cost to be used in the scoring cost formula for evaluation purposes.

The proposed Cost Per Member Per Month should consist of only reimbursement for the administration of the Atypical Services to be provided to Members under the resulting contract.  The proposed cost should not include reimbursement for the cost of providing the actual Atypical Services (e.g., home modifications, Respite Care, Personal Emergency Response Service, Assistive Technology) as the awarded Bidder will be required to submit claims directly to MaineCare when the Atypical Service is completed.  Additionally, the proposed Cost Per Member Per Month administrative charge should only be applied when the awarded Bidder actively works on a Member’s case during the billing period. For example: actively working does not include billing for monthly subscription services.

The awarded Bidder may only provide reimbursement for those Members who receive the actual Atypical Services. If no Atypical Services is provided to a Member, the awarded Bidder may not submit for reimbursement of that particular Member.

|  |
| --- |
| **Budget Narrative:** Bidders are to include a brief budget narrative to explain the basis for determining the proposed Cost Per Member Per Month Fee. |
|  |

**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of Aging and Disability Services*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202402038**

**Fiscal Agent for Atypical Services**

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



**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of Aging and Disability Services*

**NOTICE OF INTENT TO BID FORM**

**RFP# 202402038**

**Fiscal Agent for Atypical Services**

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| --- | --- | --- | --- | --- |
| **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:** | |  | | |

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

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

**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Office of Aging and Disability Services*

**SUBMITTED QUESTIONS FORM**

**RFP# 202402038**

**Fiscal Agent for Atypical Services**

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

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

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

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