

# Maine Children's Trust

## Request for Proposals for Home Visiting Services for Maine Families

RFP # 20201106

Release Date: October 1, 2020

Final Date to Submit Questions: October 9, 2020

Notice of Intent to Bid: October 16, 2020

Due Date: November 5, 2020

Anticipated Notice of Awards Date: December 31, 2020

# Maine Children’s Trust

## Request for Proposals #20201106

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# PART I. Purpose of Solicitation

The Maine Children's Trust (MCT) is seeking proposals from eligible agencies or organizations with successful experience delivering home-based family services to provide Maine Families Home Visiting Program services utilizing the Parents as Teachers (PAT) Evidence-based Home Visiting parent education model at the local level.

A copy of the Request for Proposal (RFP) can be obtained at the following website: <http://www.mechildrenstrust.org/rfp.asp>

## Section A. Background

The Maine Children's Trust (MCT) is seeking proposals from eligible agencies or organizations with successful experience delivering home-based family services, to be known as Local Implementing Agencies (LIAs), to provide Maine Families Home Visiting services utilizing the Parents as Teachers (PAT) Evidence-based Home Visiting parenting education model to meet the Maternal, Infants and Early Childhood Home Visiting (MIECHV) requirements. This document provides instructions for submitting proposals, the procedure and criteria by which the provider(s) will be selected, and the contractual terms which will govern the relationship between the MCT and the awarded Bidder(s).

The Maine Department of Health and Human Services provides funds for home visiting services through its primary contractor, MCT, in accordance with the Health Resources & Services Administration (HRSA) Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program, utilizing the Parents as Teachers (PAT) evidence-based HV model, via Local Implementing Agencies (LIAs). The MIECHV Program provides opportunities for significant collaboration at the federal, State, Tribal, and community levels to improve health and development outcomes for children through evidence-based home visiting programs. Successful LIAs in this State will continue to utilize PAT to promote child development, positive parenting, enhanced parent-child relationships, child health, and prevention of child abuse and/or neglect. All MFHV system supports (program infrastructure) and operational management are provided by MCT, including quality assurance and improvement, training, technical assistance, staff credentialing, data collection and reporting.

In 2020, following a competitive bidding process, MCT was awarded the contract by the Department to continue its administrative functions regarding MFHV program oversight and success. As a deliverable of that contract award, MCT has issued this RFP to identify successful LIAs as MCT sub-recipients.

MCT, in its partnership with the Department, acknowledges that the Department is required to provide home visiting services to Maine families through both federal and State statutory obligation as noted in [42 U.S.C. 711](#) and 22 M.R.S.A. §262.

## Section B. General Provisions

1. Proposals must be submitted to the Maine Children's Trust via the following e-mail address: [rfp@mechildrenstrust.org](mailto:rfp@mechildrenstrust.org). Proposal submissions must be received no later than 11:59 p.m., local time, on Thursday, November 5, 2020. Proposals will be opened at the Maine Children's Trust, in Augusta, Maine, the following business day, November 6, 2020. Proposals not submitted to the MCT's aforementioned e-mail address by the aforementioned deadline will not be considered for contract award.
2. From the time this RFP is issued until award notification is made, all contact with the MCT regarding this RFP must be made through the email address [rfp@mechildrenstrust.org](mailto:rfp@mechildrenstrust.org). All questions regarding the RFP should include the page number and the section to which the question refers. Any questions posed to that email must be submitted by 9:00 a.m., local time, on Wednesday, October 9. All questions and answers will be posted on the same web page as the RFP with responses by October 14, 2020. No questions will be responded to after that time. Violation of this provision may lead to disqualification from the bidding process, at the discretion of the MCT.
3. Issuance of this RFP does not commit the MCT to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to this RFP.
4. All proposals should adhere to the instructions and format requirements outlined in this RFP. Proposals are to follow the format and respond to all questions and instructions specified below in the Part III "Proposal Submission Requirements" of this RFP. Note: **A separate proposal must be submitted for each catchment area proposed.**

5. This proposal is open to all qualified bidders. For bidders who have not been providing evidence-based home visiting model services under the PAT model or are not a current sub-recipient of MIECHV funds through the MCT, please note that additional documentation of organizational capacity and stability will be required (see Part IV. Section A. 1.). This is to gain assurance that a potential sub-recipient has adequate policies and procedures in place to provide reasonable assurance that it is capable of complying with all applicable laws, regulations, and award provisions.
6. The Bidder shall take careful note that in evaluating a proposal submitted in response to this RFP, the MCT will consider materials provided in the proposal and internal MCT information of previous contract history with the Bidder (if any). The MCT also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder's experience and capabilities.
7. The proposal shall be signed by a person authorized to legally bind the Bidder and shall contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of one hundred eighty (180) days from the date and time of the bid opening.
8. The RFP and the selected Bidder's proposal, including all appendices or attachments, shall be the basis for the final contract between the successful Bidder and MCT.
9. The MCT, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to this RFP.
10. All applicable laws, whether or not herein contained, shall be included by this reference. It shall be the Bidder's responsibility to determine the applicability and requirements of any such laws and to abide by them.

## Section C. Notice of Intent to Bid

1. **Notice of Intent Due:** Bidders interested in submitting a proposal are required to submit **Appendix A - Notice of Intent for each catchment area to be bid on** by the date and time specified on the RFP cover page.

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

2. **Submission:** Notices of Intent must be received by the email address listed in Part I, Section B.2. The Bidder is responsible for allowing adequate time for delivery. MCT assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.
  
3. **Content:** The Notice of Intent must be submitted using **Appendix A - Notice of Intent** and shall include the following:
  - a. RFP number and title;
  - b. Catchment Area to be bid on
  - c. Bidder's Organization Name as will be identified on **Appendix B - Proposal Cover Page**;
  - d. Complete mailing address;
  - e. Chief Executive and Lead Point of Contact for the proposal;
  - f. Telephone number and e-mail addresses for listed individuals;
  - g. Brief description of the Bidder's experience and ability to perform services similar to those required within this RFP; and
  - h. Signature of an individual authorized to enter into the contract with MCT on behalf of the Bidder's organization.

## Section D. Eligibility to Submit Bids

All interested Maine parties are invited to submit bids in response to this Request for Proposals.

## Section E. Contract Term

MCT is seeking proposals to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. Please note that the dates below are estimated and may be adjusted by MCT's contracting timeline with the Department. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the initial term of the contract, MCT may opt to renew the contract for up to six (6) renewal periods, as shown in the table below, subject to continued availability of funding and satisfactory performance.

The estimated terms of the anticipated contract, resulting from this RFP, are defined as follows:

<b>Period</b>	<b>Start Date</b>	<b>End Date</b>
Initial Period of Performance	1/1/2021	9/30/2021
Renewal Period #1	10/1/2021	9/30/2022
Renewal Period #2	10/1/2022	9/30/2023
Renewal Period #3	10/1/2023	9/30/2024
Renewal Period #4	10/1/2024	9/30/2025
Renewal Period #5	10/1/2025	9/30/2026
Renewal Period #6	10/1/2026	9/30/2027

## Section F. Number of Awards

MCT anticipates multiple awards as a result of this RFP process. The successful bidders receiving one or more of those awards will be considered sub-recipients of the MCT for the purposes of federal and State reporting and compliance. All sub-recipients must agree to the sub-recipient monitoring provisions described in the next section.



# PART II. Scope of Services to be Provided

## Section A. Overarching Expectations

1. Exceptional service delivery of Home Visiting requires a clear plan for staff hiring, training, consistent application of and compliance with MIECHV federal and PAT programmatic expectations, and continuous measurement and review of performance at all levels of service delivery. The Trust currently meets monthly with LIAs and includes other stakeholders and will do so in delivery of the services of this RFP.
2. All LIA staff will have documented training in the Department’s adult and child protective mandate for reporting Abuse and/or Neglect, specifically [22 M.R.S. § 3477](#) and [22 M.R.S. § 4011-A](#). It currently is and will continue to be a contractual requirement with the LIAs to comply with these mandates
3. Home visiting services will be provided in accordance with HRSA’s MIECHV requirements and expectations, as well as in demonstrated fidelity to the evidence-based model Parents As Teachers. Compliance will be documented in program and fiscal site reviews annually.
4. It is understood that the current public health pandemic may impact staffing plans and patterns. For the purposes of this RFP, please provide responses as though delivering in-person services. Proposed budgets/workplans will be adjusted and negotiated to meet visit requirements related to the pandemic with contract issuance if necessary.

## Section B. Definitions and Acronyms used in this RFP

The following terms and acronyms shall have the meaning indicated below as referenced in this RFP.

<b>BASIC ACRONYMS</b>	
<b>Department</b>	Maine Department of Health and Human Services
<b>FTE</b>	Full Time Equivalent
<b>LIA</b>	Local Implementing Agency
<b>Maine CDC</b>	Maine Center for Disease Control and Prevention
<b>MFHV</b>	Maine Families Home Visiting
<b>MCT</b>	Maine Children’s Trust
<b>RFP</b>	Request for Proposals
<b>State</b>	State of Maine

1. **Abuse and/or Neglect:** As defined in [22 M.R.S.A. §4002](#).
2. **Adolescent Parent(s):** An expectant or parenting individual who has not yet attained the age of twenty-one (21).
3. **Adoptive Parent(s):** An individual who has adopted or is in the process of adopting a child.
4. **Caregiver:** An individual who has guardianship and/or custody of a child.
5. **Catchment Area:** The geographical area from which families are eligible to be served by local implementing agencies for the purposes of this RFP.
6. **Clinical Consultation:** A clinical service which provides support to the Provider and/or sub-recipient staff. Clinical Consultation is provided by a licensed mental health or social work clinician (i.e. Licensed Clinical Social Worker (LCSW) and/or Licensed Clinical Professional Counselor (LCPC)).
7. **Continuous Quality Improvement (CQI):** A method that ensures the efficacy of internal processes to support reaching performance-based goals.
8. **Credential(ed/ing):**  
Certification earned for the completion of educational and experiential requirements.
9. **Early Childhood Systems Coordination and Collaboration:**  
Representatives of State, federal, Tribal, and local entities who collaborate to serve Maine children, families, and caregivers by establishing links and referral networks between State and community resources and supports, such as parent education, HV, mental health services, substance use treatment services, and child Abuse and/or Neglect prevention.
10. **Electronic Records and Information Network (ERIN):** A proprietary system developed by Medical Care Development, Inc. (MCD) and MCT and used by the Department for documentation of MFHV services.
11. **Electronic Records and Information Network (ERIN) Administrator(s):**  
The individuals authorized to have access to the ERIN system for the purpose of operational management and system programming.

- 12. Eligible Families:** As defined in [42 U.S.C. 711\(K\)\(2\)](#). Refer to: [https://www.ssa.gov/OP\\_Home/ssact/title05/0511.htm](https://www.ssa.gov/OP_Home/ssact/title05/0511.htm) and Maine Families Standards of Practice.
- 13. Evidence-based:** Prevention or treatment practices that are based on consistent scientific evidence demonstrating treatment improves participant outcomes.
- 14. Family Visitor (FV):** A specially trained and credentialed professional who is an employee of an LIA, and who delivers individualized parent education and family support services to families in their homes, in accordance with the PAT evidence-based home visiting model.
- 15. Family Visitor Supervisor:** A specially trained and credentialed professional who is an employee of an LIA, and who delivers Reflective Supervision to the FVs. Family Visitor Supervisors may also perform all the duties and have all the responsibilities of a FV as part of their employment with the LIA.
- 16. Fidelity:** The adherence to model requirements for program implementation, as well as any applicable affiliation, certification, or accreditation required by the model.
- 17. [Health Resources & Services Administration \(HRSA\)](#):** An agency of the U.S. Department of Health and Human Services that is the primary agency for improving health and achieving health equity.
- 18. Home Visiting (HV), also known as Family Visiting:** A program where Family Visitors deliver individualized parenting education and family support services to families in their homes. Home Visiting is offered on a voluntary basis to mothers, fathers, families, pregnant women, and infants and children who are birth to three (3) years of age. The Parents as Teachers (PAT) Evidence-based Model meets the state and federal definition of the PAT Evidence-based Home Visiting model. Refer to: [https://www.ssa.gov/OP\\_Home/ssact/title05/0511.htm](https://www.ssa.gov/OP_Home/ssact/title05/0511.htm).
- 19. Infant:** Age newborn through twelve (12) months of age, specifically the date the Infant is born through three hundred sixty-six (366) days.
- 20. Kinship Placement:** The use of relatives as a temporary placement for children in the custody of the Department. Refer to: <http://www.maine.gov/dhhs/ocfs/cw/kinship.shtml>.

- 21. Licensed Clinical Professional Counselor (LCPC):** As defined in 32 M.R.S.A. § 13851(2). Refer to:  
<http://www.mainelegislature.org/legis/statutes/32/title32sec13851.html>.
- 22. Licensed Clinical Social Worker (LCSW):** As defined in 32 M.R.S.A. § 7001-A(6). Refer to:  
<http://legislature.maine.gov/legis/statutes/32/title32sec7053.html>.
- 23. Local Implementing Agency(ies) (LIA):** Organizations that deliver HV services to Eligible Families at the local level within the State.
- 24. Local Implementing Agency (LIA) Staff:** Employees of the sub-recipient who assist in the day-to-day operations to ensure the delivery of the PAT Evidence-based Model to Eligible Families; this includes Family Visitors, Family Visitor Supervisors and Program Managers and any program assistants.
- 25. Maine Families Standards of Practice:** The Provider's standards for the administration of essential components of the PAT Evidence-based Model, as well as Maine Families practices.
- 26. Maine Families Statewide Coordinator:** An employee of Maine Children's Trust responsible for the oversight and coordination of all operational aspects of the PAT Evidence-based Model, including Quality Assurance and improvement, training and professional development, data collection, Technical Assistance, and day-to-day program management.
- 27. Maine Families Technical Assistance Specialist:** An employee of the Maine Children's Trust responsible for providing interpretation of, and direction and training in, program delivery (Standards of Practice, Fidelity to the PAT Evidence-based Model, documentation, and data entry) for the benefit of sub-recipient LIAs.
- 28. Maine Roads to Quality:** An organization that works with stakeholders in the field of early childhood care and education from across Maine to promote and support professionalism in the field.
- 29. Maine Touchpoints Training:** A training developed by the Brazelton Touchpoints Center that teaches Family Visitors relational strategies to

support parents in understanding and responding to their child's developmental process, behavior and strengths. Refer to: <https://www.brazeltontouchpoints.org/>.

**30. Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program:**

The general name referring to the national Home Visiting initiative administered by the Health Resources and Services Administration (HRSA). Refer to: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>.

**31. Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)**

**Performance Measure Reports:** Data reports required by the HRSA. MIECHV Performance Measure Reports include data from state, territory, and non-profit grantees used to identify improvement in these areas:

1. Maternal and newborn health;
2. Child injuries, child maltreatment, and emergency department visits;
3. School readiness and achievement;
4. Crime or domestic violence;
5. Family economic self-sufficiency; and
6. Service coordination and referrals for other community resources and supports.

**32. Maine Families Performance Management Coordinator:** An employee of Maine Children's Trust whose primary responsibility is data analysis and interpretation that is used to guide the sub-recipient LIAs in Continuous Quality Improvement and Quality Assurance activities.

**33. Memorandum of Understanding (MOU):** An agreement between two (2) or more parties outlined in a formal document.

**34. MFHV Evaluator/Evaluation:** MIECHV Program has adopted a learning agenda approach that focuses research and evaluation efforts on improving program effectiveness and building the knowledge base. In addition to the program monitoring and improvement efforts related to performance measurement and CQI, the Department contracts with the University of Southern Maine to conduct rigorous evaluation of the MFHV program.

**35. MIECHV Needs Assessment:** A resource to identify at-risk communities, understand the needs of families, and assess services in early childhood systems. requires As a MIECHV recipient, the Department is required to

review and update its Statewide MIECHV Needs Assessment pursuant to the [Bipartisan Budget Act of 2018](#).

- 36. Parents as Teachers (PAT) Annual Performance Report:** A required compilation of efforts and outcomes submitted annually by the Provider to the PAT organization. Refer to: <https://parentsasteachers.org/essential-requirements/>.
- 37. Parents as Teachers (PAT) Essential Requirements:** Twenty-one (21) detailed performance requirements issued by the PAT organization that must be met and documented annually by the LIA in order to earn affiliation with the model. Refer to Appendix G.
- 38. Parents as Teachers (PAT) Evidence-based (Model):** The comprehensive Home Visiting, parent education model that provides services to expectant families and families with children from birth through kindergarten. Refer to: <https://parentsasteachers.org/who-we-are-index>. PAT is currently conducted in Maine via a statewide network of Local Implementing Agencies (LIAs) that are sub-recipients of MCT. Targeted outcomes include: improved maternal and child health; prevention of child injuries, child Abuse or Neglect; reduction of emergency department visit; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports. Refer to: [https://www.ssa.gov/OP\\_Home/ssact/title05/0511.htm](https://www.ssa.gov/OP_Home/ssact/title05/0511.htm).
- 39. Parents as Teachers (PAT) State Leader:** A designee approved by the PAT organization that functions as primary liaison at the PAT State Office between the State's PAT program and the PAT organization.
- 40. Parents as Teachers (PAT) State Office:** An agency approved by the PAT organization that is located in each state, and that offers Technical Assistance and leadership to PAT local programs, and serves as the liaison between local PAT programs and the PAT organization.
- 41. Perinatal Service Period:** The state of pregnancy (generally approximately nine (9) months) and up to four (4) months following the birth of the child.
- 42. Quality Assurance (QA):** The maintenance and monitoring of a service or product, especially by means of attention to every stage of the process of

delivery or production to ensure a desired level of quality in the service or product.

**43. Reflective Supervision:** A form of competency-based supervision and professional development provided to Family Visitors by their supervisors. Reflective Supervision addresses the importance of the relationships between the Family Visitor (FV) and Family Visitor Supervisor (FVS), caregiver, and caregiver and child by asking the staff questions that encourage details about the infant, parent, and emerging relationship; then allowing staff to process their thoughts and feelings about their experiences with families, and empowering staff to identify solutions using strategies that include active listening and waiting. The goal of Reflective Supervision is to support staff who then support families, and create a more effective working relationship.

**44. Technical Assistance (TA):** Assistance provided to LIAs which provides access to resources needed to carry out the PAT Evidence-based Model and meet MIECHV requirements. Resources may include, but not be limited to:

1. Research;
2. Staff;
3. Provider expertise;
4. Information on program best practices;
5. Linking individuals (locally and nationally) for assistance;
6. Information sharing; and
7. Training opportunities.

## Section C. Maine Families Home Visiting Service Delivery Scope of Work

### Deliverable 1: Facility

(Standards, Facility Operational Requirements, and Facility/Program Licensing)

#### A. The Bidder shall:

- a. Provide direct PAT Evidence-based Home Visiting services in a designated catchment area to Eligible Families;
  - i. Shall be housed in organizations that are open at least 8 AM to 4 PM Monday through Friday.
  - ii. Note: Some LIAs may be closed on State holidays.
  - iii. Shall provide home visiting services outside of standard hours, as necessary, to accommodate the needs of enrolled families.

- b. File the PAT Annual Performance Report to demonstrate compliance with PAT Essential Requirements by August 15<sup>th</sup> annually;
- c. Operate in accordance with all applicable State and federal laws, regulations, and policies, as well as the Maine Families Standards of Practice, and Maine Families Policies and Procedures; and
- d. Attend and participate in Maine Families Program Managers' meetings as requested.

## Deliverable 2. Staffing

(LIA Position Types, Qualification, and Hiring/Retention Standards)

- A. The Bidder shall comply with the following requirements for overseeing LIA Staff:
  - a. Enter full documentation of qualifications and training in Maine Roads to Quality registry for all LIA Staff;
  - b. Conduct and document required background checks of prospective employees and volunteers who interact with children;
  - c. Ensure the LIA meets the criteria for capacity and staff Credentialing, as outlined in the Maine Families Standards of Practice and Maine Families Policies and Procedures;
    - i. Family Visitor Supervisors/Managers shall possess at least a:
      - 1. Bachelor's degree in a human services or related field; and
      - 2. Minimum of two (2) years paid experience working with children (less than six (6) years of age) and families in an educational or human services capacity.
    - ii. Family Visitors shall possess at least a:
      - 1. Bachelor's degree in a human services or related field; and
      - 2. A minimum of one (1) year paid experience working with children (less than six (6) years of age) and families in an educational or human services capacity.
  - d. Ensure all LIA Staff maintain reliable transportation, a valid State driver's license, and driver's insurance, as appropriate to the position; and
  - e. Ensure the LIA staff receive weekly Reflective Supervision, as specific to the position, and make regular monthly Clinical Consultation available to all staff.



- B. The Bidder shall ensure LIA Training, Credentialing, and Quality Implementation, specifically through:
- a. Attendance at monthly meetings with LIA Managers and Maine Families Statewide Administrative Team to address program planning, implementation/delivery of PAT Evidence-based Model, and quality improvement and evaluation;
  - b. Ensuring that all LIA staff meet training and credentialing requirements, in accordance with the requirements outlined in the Provider Maine Families Standards of Practice and Policies and Procedures for all LIA and Provider Staff;
  - c. Provision of weekly Reflective Supervision to all LIA Staff;
  - d. Conducting quarterly data reviews and maintaining ongoing CQI projects;
  - e. Ensuring all LIA Staff complete any Maine Families required training, as applicable; including, but not limited to Core Orientation Training, Touchpoints Individual Level Training, and Infant Mental Health Training; and
  - f. Ensuring all LIA Staff comply with all applicable State and federal requirements, including, but not limited to, those regarding confidentiality of personal information.
- C. The Bidder shall participate in Early Childhood Systems Coordination and Collaboration, specifically by:
- a. Convening a local Advisory Group that meets at least twice per year and is made up of local providers that represent a broad array of community partners, other service providers and participants. Supporting local and State level collaboration through the provision of information and development, as needed, of local MOUs related to role clarifications, cross-referrals, interdisciplinary collaboration, information sharing, and data linkages with service providers that have overlapping service populations.

### Deliverable 3. Client Services Eligibility

(Clinical/Income/Demographic Requirements to Receive Client Services and Provider Process for Eligibility Determination and Provider Methods for Provider Intake/Outreach)

*MCT expects that Maine Families LIAs will focus on the priority populations as identified by MIECHV using a relationship-based assessment process.*

- A. The Bidder shall ensure that:

- a. Participation in PAT Evidence-based Home Visiting services shall be voluntary and offered at no cost to families;
- b. Equal access to services is provided to all eligible families
- c. PAT Evidence-based Home Visiting services are open to all interested families meeting basic eligibility criteria through the Perinatal Service Period. The Perinatal Service Period provides basic services to expectant parents or parents with a new baby, while a family assessment is conducted by LIA Staff. The assessment determines if additional eligibility criteria are present that makes the family eligible for ongoing services (up to the enrolled child turns three (3) years of age). Eligibility criteria for initial perinatal services include:
  - i. Any pregnant woman and her partner;
  - ii. Any Caregiver with a child in their care whose baby is up to, and including, the day the baby turns three (3) months of age. (Ex: if baby is born on June 1, the family is eligible through September 1);
  - iii. Adolescent pregnant women and their partners or Adolescent Parent(s) whose baby is up to, and including, the day the baby turns six (6) months of age;
  - iv. Adoptive Parents of Infants, birth to the child's first birthday; and/or
  - v. Kinship Placements of Infants, birth to their first birthday.
- d. Eligibility criteria for ongoing services beyond the perinatal service period includes:
  - i. Have low incomes (< 100% of the Federal Poverty Level);
  - ii. Are pregnant women who have not attained age 21;
  - iii. Have a history of child abuse or neglect or have had interactions with child welfare services;
  - iv. Have a history of substance abuse or need substance abuse treatment;
  - v. Are users of tobacco products in the home;
  - vi. Have, or have children with, low student achievement;
  - vii. Have children with developmental delays or disabilities;
  - viii. Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside of the United States.
- e. Additional priority enrollment Indicators include:
  - i. Postpartum depression
  - ii. Mental health diagnosis
  - iii. Cognitive challenges
  - iv. Family violence or any form of abuse

- v. Homelessness
- vi. Family stress
- vii. Significant physical health problem or disability
- viii. Social isolation/Lack of support
- ix. Attachment concerns
- x. Previous child death
- f. Should the need for a waiting list occur due to demand for the service, enrollment may occur in the following order:
  - i. Drug affected infants;
  - ii. Prenatally;
  - iii. Postpartum from birth up to, and including, the day the baby turns three (3) months of age;
  - iv. Postpartum from birth up to, and including, the day the baby turns six (6) months of age for Adolescent Parents; and
  - v. Within three (3) months of the Infant joining the family for Adoptive Parents and Kinship Placements.
- g. Enrollment may be extended up until the time the baby turns six (6) months of age if there are extenuating circumstances. Written permission from the Statewide Coordinator is required; Caregivers must be actively parenting a child under their care to enroll in Maine Families postnatally.

#### Deliverable 4. Client Coverage Screening and Billing Methods (MaineCare and Private Health Insurance)

- A. The Bidder shall provide assistance to each individual who is found not to have health insurance and is receiving services under this Agreement in applying for MaineCare benefits within fourteen (14) days of the date such services are initiated.

#### Deliverable 5. Client Services to be Provided to Qualified Clients

*MCT knows that positive family outcomes only happen when there is adequate time to implement an evidence based model. MCT has policies and procedures in place to recruit, enroll and disengage (end services appropriately) with families with fidelity to the Parents As Teachers model.*

- A. The Bidder shall:
  - a. Serve families within the catchment area for which they are contracted to serve
    - i. Should an LIA have additional capacity while a neighboring LIA is maintaining a waitlist, upon Statewide Coordinator approval, LIAs

may serve towns within a reasonable distance from their catchment area boundaries upon request from, and agreement with, their neighboring LIA.

- b. Deliver services in towns within a reasonable distance from their catchment area boundaries to maximize capacity, if requested by the Statewide Coordinator;
- c. Collaborate with local and State partners, such as the CradelMe Referral Service, to increase outreach to encourage enrollment of Eligible Families in the Home Visiting program, especially prenatal families;
- d. Focus and prioritize service delivery and intensity using statewide enrollment and service guidelines.
- e. Seek to maintain or increase family retention among families who are eligible to continue to participate beyond the Perinatal Service Period (using the average of eighteen (18) months as a benchmark to improve upon);
- f. Provide direct services for the Home Visiting program in compliance with the Maine Families Standards of Practice, and Maine Families Policies and Procedures;
- g. Ensure Fidelity to the PAT Evidence-based Model by demonstrating all PAT Essential Requirements are met;
- h. Provide the PAT Evidence-based Home Visiting program services to a minimum of fifteen (15) families per Family Visitor FTE at all times, pro-rating for part-time visitors. No LIAs shall be structured and/or staffed to serve fewer than 35 families to ensure efficient service delivery of the PAT Evidence-based Home Visiting program;
- i. Provide responsive service delivery through ongoing review of goals and progress with eligible Maine Families participants;
- j. Ensure that more frequent contact and home visits occur with the families that have the higher needs/face more challenges;
- k. Provide connections for eligible Home Visiting participants to additional needed services, as determined through the LIA conducted assessment of family needs;
- l. Deliver a Home Visiting participant satisfaction feedback mechanism; and
- m. Use collaborative relational strategies to provide individualized parenting education and support services to improve Home Visiting participant knowledge, skills, and behavior, and demonstrate positive related outcomes in areas that include:
  - i. Improved maternal and child health;
  - ii. Prevention of child injuries;

- iii. Prevention of child abuse or neglect, or maltreatment;
- iv. Reduction of emergency department visits;
- v. Reduction of crime or domestic violence;
- vi. Improvements in family economic self-sufficiency;
- vii. Improvements in coordination and referrals for other community resources and supports;
- viii. Coordinate with other community resources to promote and support the health, safety, and self-sufficiency of the children and families;
- ix. Coordinate with, and refer to, direct medical, dental, mental health, or legal services and providers covered by other sources of funding, and not use contract funding for the delivery or costs of direct medical, dental, mental health, or legal services;
- x. Implement program and federally required health, safety, and developmental screenings and assessments; and
- xi. Participate in the State and federal evaluations, as well as PAT Evidence-based Model endorsements.

- B. The Provider shall provide financial oversight of this funding to ensure:
- a. Understanding and compliance with all applicable financial and programmatic reporting required under this Agreement;
    - i. The Provider shall provide to MCT all audited financial statements.
    - ii. The Provider is responsible for any audit findings related to misuse of funds under this Agreement and/or failure to report required data.
  - b. Receipt of payment monthly from MCT, subject to payments received from the State to MCT;
  - c. No fees are charged for any services provided under this RFP;
  - d. Submission of a budget to MCT for review and approval by both MCT and the Department;
  - e. Submission of a proposed amended budget with written justification to MCT for review and approval when a LIA requests any changes be made to the previously approved budget. Approval for the amended budget in writing from the MCT must be received by the sub-recipient prior to implementation of changes to a previously approved budget.
  - f. Submission of detailed quarterly budget reports for review and approval, specifically:
    - i. Quarterly budget reports must include expenditures to date for the Provider and each LIA; and
    - ii. Quarterly budget reports must be revised and resubmitted upon request by MCT.
    - iii. A close out report following the end of each contract period

- C. The Provider shall comply with all Quality Assurance (QA) and Continuous Quality Improvement (CQI) protocols for the Maine Families/PAT Evidence-based Home Visiting program.

*LIAs achieve their CQI efforts through training, technical assistance, and consultation. Each LIA will develop and maintain a CQI plan and team with Specific, Measurable, Achievable, Realistic, Time-oriented (SMART) goals and objectives and report CQI project progress/results to the MCT Performance Management Coordinator each month. Plans and reports are shared across LIAs, accessible within the ERIN system, and discussed in monthly LIA manager meetings to share learnings.*

Specifically, LIAs will:

- a. Follow QA/CQI protocol requirements including, but not limited to:
  - i. Quarterly reviews of family record data performance measure results;
  - ii. Reporting requirements for quarterly narrative reporting and monthly CQI reporting.
- b. Participate in annual site reviews designed to to evaluate, maintain, and strengthen:
  - i. PAT Fidelity;
  - ii. Adherence to Maine Families Standards of Practice and MIECHV requirements (Refer to: Appendix E); and
  - iii. Overall Home Visiting program performance.
- c. Maintain an active CQI plan and team, reporting on project progress as requested.
- d. Review and submit PAT Annual Performance Reports prior to the PAT submission deadline to the PAT organization (August 15); and
- e. Work with the Technical Assistance Specialist if not meeting PAT Essential Requirements, Maine Families Standards of Practice and/or QA/CQI protocols, through the creation and implementation of an improvement or corrective action plan.

## Deliverable 6. Administrative Services for the Provision of Client Services

(Recordkeeping, Data Collection/Management, and Supportive Documentation)

*Data collection for HRSA reporting has long been supported at the LIA level through training to create a culture of understanding and valuing the importance*

*of data to inform and strengthen practice and as another way of telling the families' stories.*

- A. The Bidder shall ensure all LIA Staff:
  - a. Collect, enter, and submit all Home Visiting program information, into the ERIN system including federal performance measure data, and complete visit documentation within three (3) days of each home visit. Data shall include, but not be limited to:
    - i. Indicators related to the MIECHV Performance Measure Reports;
    - ii. Indicators of Fidelity to the PAT Evidence-based Model;
    - iii. Participant demographics;
    - iv. Number of families enrolled and retained in the Home Visiting program; and
    - v. LIA staffing to determine Home Visiting program participant ratios.

*MCT is required to monitor the program performance of LIAs through a combination of data reports, file reviews, quarterly narrative reports, on-site visits, and site reviews. Fiscal monitoring involves review of initial budgets, quarterly fiscal reports, annual fiscal reports, audits, fiscal site reviews and all other documentation needed to verify compliance with state and federal fiscal requirements.*

- B. The Bidder shall:
  - a. Ensure all records pertaining to this Agreement are kept seven (7) years from the date of the submission of the final expenditure report;
  - b. Utilize the ERIN system for documentation; and
  - c. Be responsive to data collection requests from MCT or the Department.
- C. The Bidder shall establish and maintain accounting systems and financial records that include:
  - a. Internal control: Accountability for all grant and sub-grant cash, real and personal property, and other assets;
  - b. Budget control: Comparison of actual expenditures with budgeted amounts for each award and sub-award;
  - c. Allowable costs: Assist in following federal cost principles, agency program regulations, and the terms pursuant to this Agreement;
  - d. Source documentation: Backup documentation regarding payments (e.g. canceled checks, paid bills, payroll, etc.); and
  - e. Cash management: Minimize the time between the transfer of funds and disbursements by recipients and sub-recipients whenever advance

payment procedures are used.

## Section D. Federal Compliance Expectations

LIAs must understand that it is the responsibility of the Maine Children’s Trust to ensure that delivery of home visiting services are provided in accordance with the following MIECHV Expectations related to LIA Compliance, Data Collection and Reporting, and as such, agree to provide MCT with any necessary information, cooperation, and assistance:

- Workforce Recruitment and Retention
- Serving Priority Populations
- Implementing Evidence-Based Models
- Family Retention and Enrollment
- Data Collection and Reporting/Evaluation
- Continuous Quality Improvement (CQI)
- Sub-recipient Monitoring of Program and Fiscal Compliance

## Section E. Defined Catchment Areas

Table 1 DEFINED CATCHMENT AREAS			
Service/Catchment Area	Minimum Number of Families to be Served Point in Time for the Service Area	Minimum Number of HV FTEs	Maximum Possible Allocation for Catchment Area (*initial contract period)
Androscoggin/Oxford Counties, to include the Cumberland County towns of Baldwin, Bridgton,Casco, Gray, Harrison, Naples, New	173	11.5	\$964,984



Gloucester, North Yarmouth, Pownal, Raymond, Sebago and Standish.			
Aroostook County	98	6.5	\$506,780
Franklin County	98	6.5	\$462,963
Hancock County	53	3.5	\$304,444
Kennebec/Somerset Counties	150	10	\$824,820

Table 1 DEFINED CATCHMENT AREAS			
Service/Catchment Area	Minimum Number of Families to be Served Point in Time for the Service Area	Minimum Number of HV FTEs	Maximum Possible Allocation for Catchment Area (initial contract period)
Knox/Lincoln/Sagadahoc Counties, to include Cumberland County towns of Brunswick, Cumberland, Falmouth, Freeport, Harpswell and Yarmouth.	105	7	\$567,462
Metro Portland to include Cape Elizabeth, Portland, South Portland, Westbrook and Cumberland County Islands	146	9.7	\$724,176
Penobscot/Piscataquis Counties	158	10.5	\$768,924
Waldo County	36	2.4	\$243,264
Washington County	80	5.3	\$461,508
York County, to include the Cumberland County towns of Gorham, Scarborough and Windham.	135	9	\$660,097

\*Note that funding levels as shown for the initial contract period may be subject to change in subsequent contracts or if the overall funding awarded to MCT should change.

## PART III. Proposal Submission Requirements

1. All pages of a Bidder's proposal should be numbered consecutively beginning with number 1 on the first page of the narrative (this does not include the RFP cover page or table of contents pages) through to the end, including all forms and attachments. For clarity, the Bidder's name should appear on every page, including Attachments.
2. All electronic documents should be formatted for printing as formatting will not be adjusted prior to printing and reviewing these documents.
3. The Bidder may not provide additional attachments beyond those specified in the RFP for the purpose of extending their response. **The narrative response to Proposed Services must be limited to a maximum total of thirty (30) pages.** Appendices and attachments are not considered part of the page limit. The budget narrative is not considered part of the page limit. Additional materials not requested will not be considered part of the proposal and will not be evaluated.
4. Include any forms provided in the submission package or reproduce those forms as closely as possible. All information should be presented in the same order and format as described in this RFP.
5. Any documents, templates, or samples created or incorporated into the proposal should be representative of the quality of the work that can be expected of the Bidder's staff and its subcontractors and/or consultants during any contract resulting from this RFP.
6. It is the responsibility of the Bidder to provide all information requested in the RFP package at the time of submission. Failure to provide information requested in this RFP may, at the discretion of the Department's evaluation team, result in a lower rating for the incomplete sections and may result in the proposal being disqualified for consideration.
7. Bidder must submit the proposal in the following order:
  - a. Signed Proposal Cover Page (labeled herein as Appendix B)
  - b. Signed Debarment, Performance and Non-Collusion Certification Form (labeled herein as Appendix C)
  - c. Table of Contents
  - d. Narrative Response
  - e. Narrative Appendices

- i. New Provider Information if applicable (see Part IV, Section A.1.a-g)
    - ii. Organizational Chart
    - iii. Licensure/Certification
    - iv. Certificate of Insurance
    - v. Most recent audited financial statements
    - vi. List of Current Litigation
    - vii. Job Descriptions
    - viii. Resumes of Key Staff
    - ix. Staffing Plan (including Workforce Recruitment/Retention)
    - x. Workplan with Timeline
  - f. Cost Proposal Cover Page (labeled herein as Appendix D)
  - g. Budget Narrative
  - h. Cost Proposal in Excel format using the Department's Budget forms (link is provided in Part V. Section B)
- 8.** The Bidder must complete and submit **Appendix B - Proposal Cover Page**. It is important that the cover page show the specific information requested, including Bidder address(es) and other details listed. The Proposal Cover Page shall be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.
- 9.** The Bidder must complete and submit **Appendix C - Debarment, Performance and Non-Collusion Certification Form**. Failure to provide this certification form will result in the disqualification of the Bidder's proposal.
- 10.** The Bidder must complete and submit **Appendix D - Cost Proposal Cover Page** for each catchment for which it is proposing to serve. Failure to provide this form will result in the disqualification of the Bidder's proposal.
- 11. Delivery Instructions:** E-mail proposal submissions are to be submitted to the Maine Children's Trust at [rfp@mechildrenstrust.org](mailto:rfp@mechildrenstrust.org). Only proposals received by e-mail will be considered. MCT assumes no liability for assuring accurate/complete e-mail transmission and receipt.
- 12.** The Bidder must insert the following into the subject line of their e-mail submission: **"RFP# 20201106 Proposal Submission – [Bidder Name]"**

# PART IV. Narrative Response

Specific instructions for Bidders to provide a narrative response to the Scope of Services. Bidders must:

- Address all requirements outlined in Part II of the RFP.
- Follow the format outlined in Part III of the RFP.
- Include the resources, methods and/or strategies to be utilized during service delivery, which will meet the requirements of the RFP.
- Ensure narrative responses are presented in a format which reflects the respective header titles of Part IV.
- Clearly identify any work subcontractors and/or consultants are to perform.

## Section A. Organization

### 1. Overview of the Organization's Experience

The Bidder must describe their qualifications, skills and experience to provide the requested services in this RFP. The Bidder must include one (1) example of a project delivering an evidence-based curriculum and model with fidelity, within the past three (3) years, which demonstrates their experience and expertise in performing these services as well as highlighting the Bidder's stated qualifications and skills. For each project example, provide the dates of service delivery, and the name and contact information of an individual who can attest to the accuracy of the description provided.

For Bidders who are not currently MCT sub-recipients for the delivery of HRSA's MIECHV-funded Maine Families Home Visiting Services, please include the following as appendices. These appended documents will not count toward the narrative page limit:

- A. Articles of incorporation
- B. By-laws or other governing documents
- C. Determination letter from the IRS (recognizing the sub-recipient as exempt from income taxes under Internal Revenue Code (IRC) section 501(c)(3)
- D. Last three years of Forms 990 or 990-EZ, including all supporting schedules and attachments (also Form 990-T, if applicable)

- E. Copies of audit reports and management letters received from sub-recipient's independent auditor (including all reports associated with audits performed in accordance with OMB Circular A-133, if applicable) for the past three years.
- F. Copy of the most recent internally prepared financial statement and current budget
- G. Copies of reports of government agencies (Inspector General, state or local government auditors, etc.) resulting from audits, examinations or monitoring procedures performed in the last three years

## 2. Catchment Area to be Served by the Bidder

The Bidder must identify the catchment area(s) to be served from its proposal response. **A separate proposal must be submitted for each catchment area proposed.**

## 3. Consultants

If consultants are to be used, provide a list that specifies the name, address, phone number, contact person, and a brief description of the consultants' organizational capacity and qualifications.

## 4. Organizational Chart

Provide an organizational chart of the Bidder's organization. The organizational chart must identify all staff/positions (including Program Lead) assigned to the project and include all corresponding job titles. The positions in this organizational chart should include all personnel reflected in the Budget Proposal.

NOTE: The Bidder's organizational chart should be included as an Appendix to the Proposal response and should be identified as such within the Bidder's Table of Contents.

## 5. Licensure/Certification

Provide documentation of any applicable licensure/certification or any specific credentials of the Bidder, its proposed staff and/or consultants required to provide the proposed services. Please specify the current ability of staff (or proposed staff) to comply with MFHV credentialing and PAT certification.

## 6. Certificate of Insurance

Provide a valid certificate of insurance on a standard ACORD form evidencing the Bidder's general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

## 7. Litigation

Attach 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 the submitted attachment.

## Section B. Proposed Scope of Work

### 1. Services to be Provided

This section is intended to address the Scope of Services to be Provided as described in Part II. Section C.

#### A. Facility

Describe the Bidder's experience with and ability to meet Facility Operational requirements.

#### B. Staffing

*It is understood that the current public health pandemic may impact staffing plans and patterns. For the purposes of this RFP, please provide responses as though delivering in-person services. Proposed budgets/workplans will be adjusted and negotiated to meet visit requirements related to the pandemic with contract issuance if necessary.*

As Appendices, clearly labeled:

- Provide program job descriptions
- Provide resumes of key staff who will be (or who are) filling those jobs

Describe current staffing capacity and provide a staffing plan with a timeline for Workforce Recruitment and Retention. Describe how qualified staff will be recruited. Please be sure to include anticipated training and clearance times.

#### C. Client Services Eligibility

Describe the process by which priority populations will be recruited to participate, including how disparate populations such as Native American, immigrant, refugee, asylum-seeking, and rural families, will be engaged. Describe your organization's approach to equity and inclusion, as well as cultural considerations, that apply to the work with families. Please indicate how elements of PAT and Touchpoints would be reflected in this process.

#### D. Client Services to be Provided to Qualified Clients

Describe family retention efforts. Indicate how use of an evidence based model and curriculum supports successful retention. All Bidders can include examples of data/outcomes that have been previously provided to federal or state funders to demonstrate success.

Describe the process to be followed when a family situation requires additional clinical or non-clinical services (outside of the scope of Maine Families Home Visiting). How would infant mental health principles influence this decision making process?

Describe a process for transitioning/closing clients who are no longer eligible for services. Please include specific partnerships (with formal written agreements) with other early childhood service providers in the Bidder's Catchment area in place or to be established and how referrals will be made to and from these partners.

Describe any experience facilitating parent-child interactive groups.

Describe how sensitive parent and child screenings will be conducted.

Briefly describe the process to be used to assist clients with the application for public or private insurance.



## E. Administrative Services

Describe how program data will be recorded and reviewed.

Provide details of a specific instance within the past two years of a CQI project within your program or agency, using data for program performance improvement. Provide details of the CQI plan and team, including team member roles, frequency of meetings, process for identifying and selecting CQI projects with SMART goals, and process for monitoring progress on SMART goals.

Describe the Bidder's internal reviews for approving and submitting program and fiscal reports to local, state, or federal funders.

## 2. Implementation - Work Plan

Provide a realistic work plan for the implementation of the program through the first contract period. Display the work plan in a timeline chart. Concisely describe each program development and implementation task, the month it will be carried out and the person or position responsible for each task. If applicable, make note of all tasks to be delegated to consultants.

Please be sure to include all categories of the scope of work such as reporting, collaboration efforts, staffing, as well as marketing.

For Bidders who are not currently providing the Maine Families Home Visiting Services, please include the plan for transitioning families from the current provider. Be sure to include all necessary steps and the timeframe in which they will be completed. Include details of any proposed or signed agreements with current MFHV providers, if available.

## 3. Service Performance Measures

LIAs are expected to achieve satisfactory performance of service delivery as outlined in Table 2. Please complete Table 2 in the Column labeled "Bidder Performance" with the Bidder's most recent reported data for each measure. For Bidders who do not currently provide the service, indicate so with N/A in the column "Bidder Performance."

Table 2 MANDATORY PERFORMANCE MEASURES		
Performance Measure	Assessment Cycle	Bidder Performance
Eighty-five percent (85%) or higher enrollment capacity is met for Eligible Families per the HRSA definition.	Quarterly	
Maintain or increase the retention rate of eighteen (18) months, for Eligible Family participants.	Quarterly	
One hundred percent (100%) of staff attend required training.	Annually	
One hundred percent (100%) compliance with filing the Annual PAT Performance Report	Annually	

## PART V. Financial Proposal

As a reminder, it is understood that the current public health pandemic may impact staffing plans and patterns. For the purposes of this RFP, please provide responses as though delivering in-person services. Proposed budgets/workplans will be adjusted and negotiated to meet visit requirements related to the pandemic with contract issuance, if necessary.

### Section A. General Instructions

1. For each catchment area, the Bidder must submit a cost proposal that covers the entire period of the initial contract. Please use the expected "Initial Period of Performance" dates stated in PART I.D.
2. The cost proposal shall include the costs necessary for the Bidder to fully comply with the contract terms and conditions and RFP requirements.
3. No costs related to the preparation of the proposal for this RFP or to the negotiation of the contract with the MCT 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.

## Section B. Cost Proposal Form and Budget Narrative Instructions

- 1. Instructions:** Bidders are to complete and submit separate budget forms to provide a detailed breakdown of expenses in performing the Maine Families Home Visiting Services for the Initial Period of Performance as described in this RFP and in the Bidder's proposal, for each catchment area.

Bidders will use the Department's budget forms for purposes of submitting the required cost proposal information. The budget forms for direct services can be found at:

**Budget Form – Cost Settled\*:** <https://drive.google.com/file/FY21-1Rider F Budget Forms>

\*corrected link to State of Maine budget forms on 10/5/2020

### **Budget Form – Cost Settled Instructions:**

<http://www.maine.gov/dhhs/contracts/contract-2020/rider-f/Rider-F-Budget-Forms-Instructions-CS.pdf>

- 2.** The Bidder shall complete separate budgets for the delivery of HV Services for each catchment area for which it is applying. Bidders will use one Appendix C - Cost Proposal Cover page for each catchment area for which it is applying. Failure to provide the requested information, and to follow the required cost proposal format, may result in the exclusion of the proposal from consideration, at the discretion of MCT.
- 3. Budget Narrative:** Bidders are to include a fully descriptive budget narrative to explain the basis for determining the expenses submitted on the budget forms. Bidders should follow the same sequential categories of expenses as listed on the budget forms when preparing the budget narrative. Please be sure to clearly indicate, as applicable, any one-time transition of service and/or start-up costs.

# PART VI. PROPOSAL EVALUATION AND SELECTION

Evaluation of the submitted proposals shall be accomplished as follows:

## Section A. 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. At least one reviewer will be a programmatic representative from the Department.
2. Officials responsible for making decisions on the selection of a contractor shall 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 quality and value to the people of Maine.
3. The total cost shared revenue expense amount submitted by the Bidder is the proposed cost that will be used in the scoring cost formula for MCT RFP evaluation purposes.
4. Therefore, Bidders should submit proposals that present their rates and other requested information as clearly and completely as possible.

## Section B. 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.

### **Organization Qualifications and Experience (35 points)**

Includes all elements addressed above in PART IV. Section A.

### **Proposed Services (35 points)**

Includes all elements addressed above in PART IV. Section B.

### **Financial Proposal (30 points)**

Includes all elements addressed above in PART V.

- a. Direct Services (LIAs) for Maine Families Home Visiting Services Cost

- Proposal (20 points)  
b. Budget Narrative (10 Points)

- 2. Scoring Process:** The evaluation team will use a consensus approach to evaluate and score Part IV of the RFP. Members of the evaluation team will not score subcategories of Sections A & B individually but, instead, will arrive at a consensus as to assignment of points for Section A and for Section B. Part V Financial Proposal will be scored as described in Part VI Section B.3. of the RFP.
- 3. Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in this RFP will be assigned a score according to a mathematical formula. The lowest bid for each catchment area will be awarded 20 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 for Direct Services (LIAs) for HV Services / Cost of proposed Direct Services (LIAs) for HV Services being scored) x 10 = pro-rated score

No Best and Final Offers: MCT will not seek a best and final offer from any Bidder in this procurement process. All Bidders are expected to provide their best value pricing with the submission of their proposal.

The remaining ten (10) points allocated to the Cost Proposal will be used to evaluate the responsiveness of the narrative material and supporting documentation contained with this section including: accuracy and reasonableness (assumptions used in calculating the costs), budget and financial stability. The evaluation team will use a consensus approach to evaluate and score the budget narrative.

- 4. Negotiations:** MCT reserves the right to negotiate with the awarded Bidder(s) to finalize a contract at the same rate or cost of service as presented in the selected proposal. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the MCT's Request for Proposals to an extent that may affect the price of goods or services requested. MCT reserves the right to terminate contract negotiations with the 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, MCT may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, MCT may cancel the RFP, at its sole discretion.

## Section C. Selection and Award

1. The final decision regarding the award of the contract will be made by MCT subject to final approval by the Department.
2. Notification of contractor selection or non-selection will be made in writing by MCT.
3. Issuance of this RFP in no way constitutes a commitment by MCT to award a contract, to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
4. MCT reserves the right to reject any and all proposals or to make multiple awards.

### Appeal Procedures

1. **Request for appeal.** Persons aggrieved by a grant award decision under this RFP may request to appeal. Such a request must be made to the Executive Director of Maine Children's Trust in writing within five (5) business days of notification of the award. The Executive Director of Maine Children's Trust shall grant an appeal unless:
  - A. The Executive Director of the Maine Children's Trust determines that:
    - (1) The petitioner is not a valid aggrieved person;
    - (2) A prior request by the same petitioner relating to the same contract or grant award has been granted;
    - (3) The request was made more than five (5) days after notice of contract or grant award; or
    - (4) The request is capricious, frivolous or without merit; or
  - B. No contract or grant was awarded.

The Executive Director of the Maine Children's Trust shall notify the petitioner in writing of the Director's decision regarding a request for an appeal within 5 business days of receipt of the request. If a request for appeal is granted, a written appeal must be made within five (5) business days from notification and the appeal will be reviewed within 5 business days.

- 2. Appeal committee.** A committee of three (3) members shall review the written appeal. The Maine Children's Trust shall appoint two (2) members of an appeal committee, except that persons who have any direct or indirect personal, professional or financial conflict of interest in the appeal or employees of any entity affected by the contract or grant may not serve on the appeal committee. The 3rd member is the Executive Director of the Maine Children's Trust or the executive director's designee.

The appeal committee shall keep a written record of each review and shall submit its decision and the reasons for its decision to the Chair of the Maine Children's Trust in writing no later than five (5) days following the hearing of appeal.

Subject to the requirements of rules adopted under this section and evidence presented by written appeal, the appeal committee may decide either to:

- A. Validate the contract or grant award decision under appeal; or
- B. Invalidate the contract or grant award decision under appeal.

Except as provided in paragraph B, an appeal committee may not modify the contract or grant award under appeal, or make a new award.

Contracts or grants found invalid by an appeal committee under this subchapter become immediately void and of no legal effect.

# Appendices



Appendix A Notice of Intent Form

**Maine Children’s Trust RFP # 20201106  
Home Visiting Services for Maine Families**

**NOTICE OF INTENT TO SUBMIT BID**

<b>Catchment Area:</b>			
<b>Bidder’s Organization Name:</b>			
<b>Chief Executive - Name/Title:</b>			
<b>Tel:</b>		<b>E-mail:</b>	
<b>Headquarters Street Address:</b>			
<b>Headquarters City/State/Zip:</b>			
<i>(Provide information requested below if different from above)</i>			
<b>Lead Point of Contact for Proposal - Name/Title:</b>			
<b>Tel:</b>		<b>E-mail:</b>	
<b>Signature of person authorized to enter into the contract with MCT:</b>		<b>Print name of person authorized to enter into the contract with MCT:</b>	

<p><b>The notice of intent must contain minimal requirements that demonstrate the Bidder’s competence and ability to comply with the requirements section in the RFP.</b></p>

## Appendix B Proposal Cover Page

### Maine Children’s Trust RFP # 20201106 Home Visiting Services for Maine Families

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

- This proposal and the pricing structure contained herein will remain firm for a period of one hundred eighty (180) days from the date and time of the bid opening.
- No personnel currently employed by the Department or any other State agency or the MCT may participate, 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 should they be 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 is complete and accurate at the time of submission.*

<b>Name (Print):</b>	<b>Title:</b>
<b>Authorized Signature:</b>	<b>Date:</b>

# Appendix C Debarment, Performance, and Non-Collusion Certification Form

## Maine Children’s Trust RFP # 20201106

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

- a. 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.*
- b. Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
  - i. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
  - ii. Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
  - iii. 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; and*
  - iv. 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.*
- c. Have not entered into a prior understanding, contract, 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.*

**Failure to provide this certification will result in the disqualification of the Bidder’s proposal.**

Name (Print):	Title:
Authorized Signature:	Date:

Appendix D Cost Proposal Form Cover Page

**Maine Children’s Trust RFP # 20201106**

**Home Visiting Services for Maine Families**

<b>Bidder’s Organization Name:</b>		
<b>Catchment Area:</b>		
<b>Proposed Cost for Delivery of Maine Families Home Visiting Services:</b>		\$

## Appendix E Standards of Practice

### **Maine Children's Trust RFP # 20201106**

### **Maine Families Home Visiting Standards of Practice**

Standards of Practice are updated annually.

<http://mechildrenstrust.org/shared/MF%20Standards%20of%20Practice%20FY20.pdf>

## Appendix F Policies & Procedures

### **Maine Children's Trust RFP # 20201106**

### **Maine Families Policies and Procedures**

Policies and Procedures are updated annually.

<http://mechildrenstrust.org/shared/MF%20Policies%20and%20Procedures%20Revised%209.16.20.pdf>

## Appendix G PAT Essential Requirements

**Maine Children's Trust RFP # 20201106**

<http://mechildrenstrust.org/shared/2020%20PAT%20Essential%20Requirements.pdf>