

## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

### PART I: OVERVIEW

|   |                             |  |                             |
|---|-----------------------------|--|-----------------------------|
| Department Office/Division/Program:                     |                             | DHHS/OBH/Residential Services/Kathy LaVallee |                             |
| Department Contract Administrator or Grant Coordinator: |                             | Nancy Tan/Debbie Weston                      |                             |
| (If applicable) Department Reference #:                 |                             | Multiple: See Attached List                  |                             |
| Amount:<br>(Contract/Amendment/Grant)                   | Multiple: See Attached List | Advantage CT / RQS #:                        | Multiple: See Attached List |
| CONTRACT  | Proposed Start Date:        |  | Proposed End Date:          |
| AMENDMENT   | Original Start Date:        | 7/1/2019                                     | Effective Date:             |
|   | Previous End Date:          | 6/30/2021                                    | New End Date:               |
| GRANT   | Project Start Date:         |  | Grant Start Date:           |
|   | Project End Date:           |  | Grant End Date:             |
| Vendor/Provider/Grantee Name, City, State:              |                             | Multiple: See Attached List                  |                             |
| Brief Description of Goods/Services/Grant:              |                             | Residential Services- PNMI (MH)              |                             |

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

|          |                                   |          |  |
|----------|-----------------------------------|----------|--|
|          | A. Competitive Process            |          | G. Grant                                 |
| <b>X</b> | B. Amendment                      |          | H. State Statute/Agency Directed         |
|          | C. Single Source/Unique Vendor    |          | I. Federal Agency Directed               |
|          | D. Proprietary/Copyright/Patents  | <b>X</b> | J. Willing and Qualified                 |
|          | E. Emergency                      |          | K. Client Choice                         |
|          | F. University Cooperative Project | <b>X</b> | L. Other Authorization – <b>COVID-19</b> |

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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**1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

Paragraph 93 of the Bates Consent Decree states that DHHS "shall fund, develop, recruit and support a variety of housing options, which can accommodate varying levels of supportive assistance to clients, according to client need. Some class members will live independently". The Decree also states that "others will need to live out of home in more restrictive environments which are fully staff supported". Finally, paragraph 32 of the Decree states that "Non-Class Members shall not be deprived services solely upon the basis they are not members of the plaintiff's class".

According to the Court Master's findings of October 29, 2008, "Pursuant to paragraph 295 of the Settlement Agreement, I recommend that the Department reinstate service eligibility in accordance with their plan of October 13, 2006 and resume state funding, seeking any necessary appropriations to provide mental health services included in the State's Medicaid Plan (i.e. community integration, ACT, daily living support, skills development, outpatient services, medication management and residential treatment) for all persons who are clinically eligible, even though they may be financially ineligible for MaineCare."

The purpose of these amendments are to temporary rate adjustment (TRA) for MaineCare-enrolled Appendix E facilities to best support Appendix E facilities' response to COVID-19.

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

DHHS, Office of Behavioral Health (OBH) has determined that these providers are willing and qualified providers who are licensed with the Division of Licensing and Regulatory Services to provide these services and employs qualified licensed practitioners.

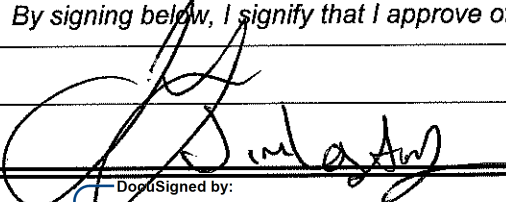
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The TRA was calculated based on estimated cost increases due to COVID-19 in the areas of direct care staffing, non-communal dining, housekeeping and supplies, and personal protective equipment (PPE). The TRA will be paid through an increase of \$62.43 per day to the interim prospective rate, effective March 1, 2020 and extended through May 31, 2020.

**4. Describe the plan for future competition for the goods or services.**

The Department does not intent to RFP these services, who are delivered by "willing and qualified providers" who are licensed with the Division of Licensing and Regulatory Services and have a contract with OBH.

### PART IV: APPROVALS

|   |  |              |          |
|---|--|--------------|----------|
| <b>Signature of requesting Department's Commissioner (or designee):</b> | <i>By signing below, I signify that I approve of this procurement request.</i>       |              |          |
| <b>Printed Name:</b>  |  | <b>Date:</b> | 4-May-20 |
| <b>Signature of DAFS Procurement Official:</b>                          | <small>Digitally Signed by:</small><br><i>Kathy Paquette</i>                         |              |          |
| <b>Printed Name:</b>  | 41C2BA36FAF44CD...<br>Kathy Paquette   | <b>Date:</b> | 5/7/2020 |

## State of Maine Procurement Justification Form

**Office:** Substance Abuse and Mental Health Services  
**Service Group:** Residential Services – PNMI (Spend Down)  
**No. of Vendors:** 18  
**Service Group Total:** \$ 2,026,974.80

| Vendor Name                                 | Agreement Number |   | Contract Start Date | Contract End Date | Running Total | Amendment Amount |
|---|------------------|---|---------------------|-------------------|---------------|------------------|
| ALTERNATIVE SERV-NE INC                     | MH2-20-214       | C | 7/1/2019            | 6/30/2021         | \$ 62,386.72  | \$0.00           |
| AROOSTOOK MENTAL HLTH SERV INC              | MH3-20-218       | A | 9/1/2019            | 6/30/2021         | \$160,000.00  | \$80,000.00      |
| ASCENTRIA COMMUNITY SERVICES INC            | MH2-20-900       | B | 7/1/2019            | 6/30/2021         | \$ 73,920.28  | \$0.00           |
| COMMUNITY HEALTH & COUNSELING SERVICES      | MH3-20-920       | A | 7/1/2019            | 6/30/2021         | \$ 12,024.00  | \$0.00           |
| EMPLOYMENT SPECIALISTS OF ME                | MH2-20-603       | A | 7/1/2019            | 6/30/2021         | \$ 124,639.80 | \$0.00           |
| FELLOWSHIP HEALTH RESOURCES                 | MH1-20-2016      | A | 7/1/2019            | 6/30/2021         | \$ 13,053.60  | \$0.00           |
| KENNEBEC BEHAVIORAL HEALTH                  | MH2-20-611       | B | 7/1/2019            | 6/30/2021         | \$ 550,512.34 | \$0.00           |
| MAINEHEALTH DBA MAINE BEHAVIORAL HEALTHCARE | MH1-20-201       | B | 7/1/2019            | 6/30/2021         | \$ 101,979.24 | \$0.00           |
| MOTIVATIONAL SERVICES INC                   | MH2-20-2014      | C | 7/1/2019            | 6/30/2021         | \$ 195,987.88 | \$0.00           |
| NEW COMMUNITIES INC                         | MH4-20-211       | B | 7/1/2019            | 6/30/2021         | \$ 80,047.12  | \$0.00           |
| NFI NORTH INC                               | MH3-20-609       | C | 7/1/2019            | 6/30/2021         | \$ 41,264.00  | \$0.00           |
| OHI   | MH3-20-307       | A | 7/1/2019            | 6/30/2021         | \$ 78,507.28  | \$0.00           |
| PENQUIS COMM ACTION PROG INC                | MH3-20-217       | B | 7/1/2019            | 6/30/2021         | \$ 53,763.84  | \$0.00           |
| SHALOM HOUSE INC                            | MH1-20-204       | C | 7/1/2019            | 6/30/2021         | \$ 206,652.90 | \$0.00           |
| SWEETSER                                    | MH2-20-215       | A | 9/1/2019            | 6/30/2021         | \$ 50,000.00  | \$0.00           |
| THE OPPORTUNITY ALLIANCE                    | MH1-20-207       | D | 7/1/2019            | 6/30/2021         | \$ 58,695.38  | \$0.00           |
| TRI-CTY MENTAL HLTH SERV                    | MH2-20-2015      | B | 7/1/2019            | 6/30/2021         | \$ 88,754.00  | \$0.00           |
| VOLUNTEERS OF AMERICA                       | MH1-20-208       | B | 7/1/2019            | 6/30/2021         | \$ 74,786.42  | \$0.00           |