

## 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/Other Residential Supports/Kathy LaVallee		
Department Contract Administrator or Grant Coordinator:	Christie Goodman (OBH PA)		
(If applicable) Department Reference #:	MH2-20-544B		
Amount: (Contract/Amendment/Grant)	Original \$134,719.20 Amend \$ 8,500.00 Revised \$143,219.20	Advantage CT / RQS #:	CT 10A 20190709*0110
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/9/2019	Effective Date:
	Previous End Date:	6/30/2020	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Mount St. Joseph Waterville, ME		
Brief Description of Goods/Services/Grant:	1) Other Residential Supports (Single Room Access and Skilled Nursing) 2) Community Residential Beds for Persons with Mental Illness		

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
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project	<b>X</b>	L. Other Authorization – COVID-19

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:

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<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
<p>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".</p> <p><b>Specialized Residential Unit:</b> The purpose of this amendment is to reflect the Temporary Rate Increase (TRA) established by MaineCare to support PNMI Appendix F Facilities in their response to COVID-19. Another purpose is to add funding to cover bed hold days that are not reimbursable through MaineCare, so that one of the PNMI clients could return to the facility after being discharged from the hospital.</p>
<b>2. Provide a brief justification for the selected vendor to supplement the response in Part II.</b>
<p><b>Specialized Residential Unit:</b> The provider has established the facility and services necessary to move other patients from the former AMHI required a somewhat lower level of residential care below nursing level but none-the-less needed a high degree of nursing care. Furthermore, these residents meet the mental health criteria for placement on these units; they must have a serious and prolonged mental illness that, in addition, has multiple medical needs requiring this intense level of care. Lastly, these units are designed to meet the needs of people with dysfunctional and/or maladaptive behaviors that have not been successfully managed in traditional nursing home units.</p>
<b>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</b>
<p>The cost associated with this amendment is to cover <u>bed days</u> that are not reimbursable by MaineCare while one of the clients is in the hospital. This will allow the facility to hold the client's bed without a significant financial impact. The cost of each bed day is \$259.50.</p>
<b>4. Describe the plan for future competition for the goods or services.</b>
<p><b>Specialized Residential Unit:</b> Mount St. Joseph's is a unique PNMI facility, which serves clients with complex medical, social, and behavioral needs. Should other facilities be created with similar programming, DHHS will consider engaging in the RFP process.</p>

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>	<i>Jim Lagasse</i>	<b>Date:</b>	<i>12-May-20</i>
<b>Signature of DAFS Procurement Official:</b>	<i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	5/28/2020