

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		OADS/LTSS/MFP – Ingrid Diamond	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Valerie Andreassen	
(If applicable) Department Reference #:		ADS-20-9027B	
Amount: (Contract/Amendment/Grant)	Original \$359,849.00 Amendment A -\$25,864.00 Amendment B \$333,985.00 Total \$667,970.00	Advantage CT / RQS #:	CT10A20191122*1680
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	01/01/20	Effective Date:
	Previous End Date:	12/31/20	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Long Term Care Ombudsman Augusta, ME	
Brief Description of Goods/Services/Grant:		Administration of Maine's "Homeward Bound" program	

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	X	G. Grant
X	B. Amendment		H. State Statute/Agency Directed
	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		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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

Maine's "Homeward Bound" program is focused on transitioning adults who have resided in Nursing Facilities and Hospitals 90 days or longer back into their homes or other community residential settings.

Services provided under this agreement include education and outreach, regular communication with State of Maine nursing facilities and hospitals, provision of referral management, transition management, and advocacy services for Homeward Bound participants both before and after discharge from Nursing Facilities and Hospitals.

The purpose of this amendment is to revise the Specifications of Work to Be Performed and to extend the contract through 12/31/2021.

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PART III: SUPPLEMENTAL INFORMATION

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

DHHS, Office of Aging and Disability Services (OADS), was awarded a Money Follows the Person (MFP) Rebalancing Demonstration grant by the Centers for Medicaid and Medicare Services (CMS) for "Homeward Bound" services in years prior to 1/1/2020. This Provider was specified in the federal grant application.

In 2019, due to uncertainty regarding continuation of MFP grant funding, the Legislature provided State funding to ensure continuation of these services (PL 343 A-1). In CY2020, MFP grant funding was unavailable, and this Provider continued to provide State funded "Homeward Bound" services under this contract.

Recently, the Money Follows the Person (MFP) Rebalancing Demonstration grant was extended through 9/30/2024 by CMS. However, budget authorization from CMS to use grant funds to support the program in CY2021 is not expected until sometime in CY2021.

The intention of the Department is to continue this agreement with this Provider for State funded "Homeward Bound" services into CY2021 with the expectation that MFP grant funding will become available later in CY2021 when budget authorization is received from CMS.

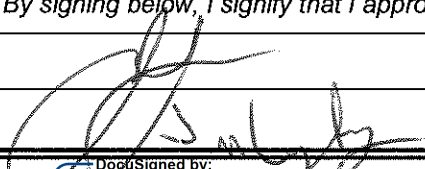
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Contracted costs have been negotiated with the Provider and are considered fair and reasonable based on comparison with the budgets in previous contracts negotiated with this Provider.

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

OADS does not anticipate future competition for these services. This Provider is specified in the Money Follows the Person (MFP) Rebalancing Demonstration federal grant application.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	2-Dec-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	1/13/2021