

## 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 (PNMI)/Kerry Polyot-Stefani			
Department Contract Administrator or Grant Coordinator:	Nancy Tan (DCM)			
(If applicable) Department Reference #:	MH1-22-207B			
Amount: (Contract/Amendment/Grant)	\$ 266,826.78	Advantage CT / RQS #:	20210514000000003247	
<b>CONTRACT</b>	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		The Opportunity Alliance		
Brief Description of Goods/Services/Grant:		Residential Services-PNMI (MH) Spend Down and Rental Subsidies		

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
X	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	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:
<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>
The purpose of this amendment is to add funding to cover rental subsidy for clients, who cannot afford the full cost of rent and to increase the rental subsidy rates in the contract on a temporary basis.
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".

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## PART III: SUPPLEMENTAL INFORMATION

According to the Court Master's finding of October 29, 2008, "Pursuant to paragraph 295 of the Settlement Agreement, I recommend that the Department reinstate service eligibility in accordance with the plan from 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 through they may be financially ineligible for MaineCare.

These agreements are necessary to provide funds to individuals for residential treatment (PNMI; Appendix E) who are temporarily ineligible for MaineCare or who do not have enough income to pay rent at these facilities.

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

The Department does not have the expertise to provide this service.

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

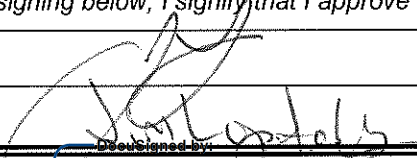

Spend Down/Treatment rates are consistent with the MaineCare rate.

Rental Subsidy rates are negotiated with the PNMI Residential Treatment Team and cannot exceed the FMR (Fair Market Rate) for any given location.

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

These services 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>	15-Nov-21
<b>Signature of DAFS Procurement Official:</b>			
<b>Printed Name:</b>	Kathy Paquette	<b>Date:</b>	2/11/2022