

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/SAMHS/Residential Treatment/Kathy LaVallee			
Department Contract Administrator or Grant Coordinator:	Nancy Tan (DCM)			
(If applicable) Department Reference #:	MH2-20-214A			
Estimated Contract or Grant Amount:	Original Amount \$46,020.04 Amend Amount \$10,000.00 New Amount \$56,020.04	Advantage CT / RQS #:	10A 20190509*3323	
AMENDMENT	Original Start Date:	7/1/2019	New Start Date:	N/A
	Original End Date:	6/30/2021	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
ALL OTHER	Proposed Start Date:		Proposed End Date:	
Vendor/Provider/Grantee Name, City, State:		Alternative Services-Northeast Inc.		
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.			
	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 QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>The purpose of this amendment is to add \$10K in Spend Down funds and a new PNMI location to this agreement.</p> <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</p>

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PART III: SUPPLEMENTAL QUESTIONS

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."

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

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

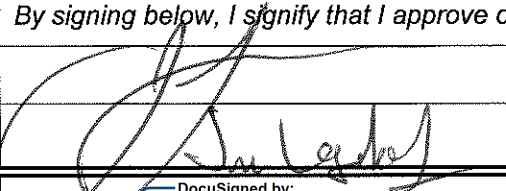
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

SAMHS determined that these rates were fair and reasonable. The Spend Down rates are aligned with the MaineCare rates.

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

DHHS, Office of Substance Abuse and Mental Health Services has determined that this provider is a "willing and qualified providers" who are licensed with the Division of Licensing and Regulatory Services and have a contract with SAMHS.

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:	3-Mar-20
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/16/2020