

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/PNMI/Kathy LaVallee			
Department Contract Administrator or Grant Coordinator:		Nancy Tan/ Shawn Belanger/ Debbie Weston			
(If applicable) Department Reference #:		Multiple: See Attached List			
Amount: (Contract/Amendment/Grant)	Multiple: See Attached List	Advantage CT / RQS #:	Multiple: See Attached List		
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date:	6/30/2021	
AMENDMENT	Original Start Date:		Effective Date:		
	Previous End Date:		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 - Room & Board			

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. 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:

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 the Department "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

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PART III: SUPPLEMENTAL INFORMATION

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 Room and Board Reimbursement covers the cost of the residents living space and includes costs such as: utilities, garbage removal, snowplowing, lawn mowing, water, sewer, heat, and/or maintenance.

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

The Department's Office of Behavioral Health has determined that these Providers are qualified to provide these services because they are licensed with the Department's Division of Licensing and Certification and employs qualified licensed practitioners and is a provider of this service under MaineCare.

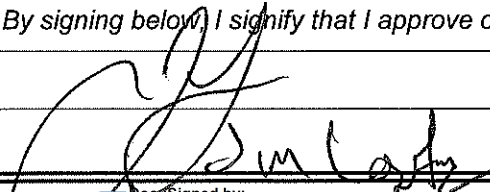

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department's Office of Behavioral Health calculated the average monthly spend multiplied by 12 months for each provider in FY20. For Providers who went under the FY20 allocation, the amount was adjusted to reflect a decrease. For Providers who were projected to exceed the amount based on the average monthly spend, the allocations remained the same and did not reflect an increase.

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

The Department does not intend to RFP these services because these services provided by willing and qualified Providers.

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:	18-May-20
Signature of DAFS Procurement Official:	<small>Digitally signed by:</small> 		
Printed Name:	<small>A4D4AF6018C54EC...</small> Laurie Andre	Date:	6/3/2020

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Office: Behavioral Health

Service Group: Residential Services – PNMI (Room & Board)

No. of Vendors: 7

Service Group Total: \$1,535,010.00

Agreement Number	CT 10A	VendorName	Total Contract Amount	Start Date	End Date
MH1-21-205	202004150*2862	Shalom House, Inc.	\$ 572,323	7/1/2020	6/30/2021
MH1-21-698	202004150*2863	The Opportunity Alliance	\$ 278,610	7/1/2020	6/30/2021
MH2-21-512	202004150*2864	Tri-County Mental Health Services	\$ 258,765	7/1/2020	6/30/2021
MH2-21-608	202004150*2865	Motivational Services, Inc	\$ 39,754	7/1/2020	6/30/2021
MH3-21-102	202004150*2866	Community Health & Counseling Services	\$ 258,497	7/1/2020	6/30/2021
MH3-21-110	202004150*2867	Fellowship Health Resources	\$ 99,181	7/1/2020	6/30/2021
MH4-21-210	202004150*2868	New Communities, Inc	\$ 27,880	7/1/2020	6/30/2021
		Total for Service Group	\$1,535,010.00		