

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Residential Services (PNMI)/Kathy LaVallee			
Department Contract Administrator or Grant Coordinator:		Nancy Tan Kristen King			
(If applicable) Department Reference #:		Multiple: See Attached List			
Amount: (Contract/Amendment/Grant)		\$2,195,419.24	Advantage CT / RQS #:	Multiple: See Attached List	
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023	
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:		See Attached List			
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	
	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.	
<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".</p> <p>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.</p>	

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PART III: SUPPLEMENTAL INFORMATION

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'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.

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.

The Department does not intend to RFP these services as this is a willing and qualified service.

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:	<i>[Signature]</i>	Date:	<i>6-17-21</i>
Signature of DA/FS Procurement Official:	<i>[Signature]</i>		
Printed Name:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD... Kathy Paquette	Date:	6/17/2021

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Office: Behavioral Health Services
 Service Group: Residential Services - PNMI (MH)
 Service Group Total: \$2,195,419.24
 No. of Vendors: 19

Agreement Number	Vendor Name	AdvantageME CT#	Agreement Amount
MH1-22-201	MAINEHEALTH	10A 20210514*3243	\$ 111,979.00
MH1-22-2016	FELLOWSHIP HEALTH RESOURCES	10A 20210514*3244	\$ 24,494.00
MH1-22-204	SHALOM HOUSE INC	10A 20210514*3245	\$ 381,652.00
MH1-22-207	THE OPPORTUNITY ALLIANCE	10A 20210514*3247	\$ 74,247.00
MH1-22-208	VOLUNTEERS OF AMERICA	10A 20210514*3248	\$ 74,786.00
MH2-22-2014	MOTIVATIONAL SERVICES INC	10A 20210514*3249	\$ 435,988.00
MH2-22-2015	TRI-CTY MENTAL HLTH SERV	10A 20210514*3250	\$ 83,754.00
MH2-22-2017	RELATIVES & FRIENDS TOGETHER FOR SUPPORT INC	10A 20210514*3251	\$ 93,593.24
MH2-22-214	ALTERNATIVE SERV-NE INC	10A 20210514*3256	\$ 46,020.00
MH2-22-215	SWEETSER	10A 20210514*3257	\$ 50,000.00
MH2-22-603	EMPLOYMENT SPECIALISTS OF ME	10A 20210514*3259	\$ 124,640.00
MH2-22-611	KENNEBEC BEHAVIORAL HEALTH	10A 20210514*3262	\$ 265,212.00
MH2-22-900	ASCENTRIA COMMUNITY SERVICES INC	10A 20210514*3263	\$ 36,960.00
MH3-22-217	PENQUIS COMM ACTION PROG INC	10A 20210514*3264	\$ 33,764.00
MH3-22-218	AROOSTOOK MENTAL HLTH SERV INC	10A 20210514*3265	\$ 80,000.00
MH3-22-307	OHI	10A 20210514*3266	\$ 78,508.00
MH3-22-609	NFI NORTH INC	10A 20210514*3268	\$ 16,264.00
MH3-22-920	COMMUNITY HEALTH & COUNSELING SERVICES	10A 20210514*3269	\$ 12,024.00
MH4-22-211	NEW COMMUNITIES INC	10A 20210514*3270	\$ 171,534.00
			\$ 2,195,419.24