

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/ Peter Alexander & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Arlene Jones	
(If applicable) Department Reference #:		See attached list	
Amount: (Contract/Amendment/Grant)	See attached list	Advantage CT / RQS #:	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:		Multiple, see attached list.	
Brief Description of Goods/Services/Grant:		A Safer Place (Baxter Related) SFY-22	

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	<input checked="" type="checkbox"/> 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.

This service provides specialized professional mental health services in the communication modality most readily understood by former students of the Maine School for the Deaf and/or the Governor Baxter School for the Deaf such that the consumer receives services at no out-of-pocket expense pursuant to the Public and Special Law, Chapter 12, May 2, 2001. In 2001, Maine State Legislature adopted LD178, an Act to implement the Continuation of Services for victims of abuse at the Governor Baxter School for the Deaf. Section 1, Continuation of Services. The Department of Mental Health, Mental Retardation and Substance Abuse shall continue to offer counseling and other mental health services at no cost to former students of the Governor Baxter School for the Deaf and the Maine School for the Deaf.

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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 Behavioral Health Services had determined that these providers are willing and qualified to provide these services and are licensed to provide this service, employs qualified licensed practitioners and is a provider of this service under MaineCare. They are also independently licensed clinicians [Licensed Clinical Social Workers (LCSWs)/ Licensed Clinical Professional Counselors (LCPCs)], particularly those who are proficient in American Sign Language, to provide specialized outpatient services. Baxter consumers who have been determined clinically eligible for outpatient services choose which clinician they wish to receive treatment from.

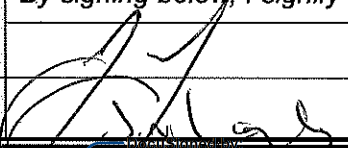
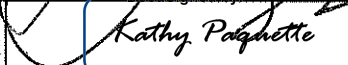
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

This contract pays for out of pocket costs to the consumer (co-pays, deductibles, etc.) that insurance doesn't cover for their outpatient therapy related to trauma the consumer experienced while at the Baxter school. The rate is based on the units of service approved by the Department's Administrative Services Organization times the hourly rate of the practitioner. The practitioner rates are based on a standardized rate structure that is less than the Mainecare rate for outpatient services with interpreter services.

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

The Department does not intend to RFP these services because this service is a MaineCare service provided by "any willing and qualified provider", who must be licensed by DLRS and have a contract with OBH.

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:	17-Jun-21
Signature of DAFS Procurement Official:			
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	6/29/2021

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Agreement Number	CT Number	Agreement Amount	Vendor Name
MH1-22-1031	CT 10A 20210510*3142	\$45,000.00	ALTERNATIVE SOLUTIONS CTR
MH1-22-4016	CT 10A 20210510*3144	\$5,640.00	LORI TULLY
MH1-22-926	CT 10A 20210510*3145	\$40,000.00	SARA L TREAT
MH1-22-934	CT 10A 20210510*3146	\$10,000.00	ECHO DIXON LCSW
MH2-22-925	CT 10A 20210510*3147	\$220,800.00	RALPH M SPRAGUE
MH2-22-932	CT 10A 20210510*3149	\$7,700.00	ANTHONY C BRUCATO
MH2-22-933	CT 10A 20210510*3150	\$8,614.00	SHANA KELLEY-COHEN

TOTAL \$337,754.00