

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Residential Services/Kathy LaVallee & Christie Goodman	
Department Contract Administrator or Grant Coordinator:		Kristen King & Nancy Tan	
(If applicable) Department Reference #:		Multiple: See Attached List	
Amount: (Contract/Amendment/Grant)	Batch Current: \$354,292.06 Batch Amend: \$ 80,786.00 Batch Revised: \$435,078.06	Advantage CT / RQS #:	Multiple: See Attached List
CONTRACT	Proposed Start Date:	7/1/2019	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:		See Attached List	
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. (Check all that apply.)

	A. Competitive Process		G. Grant
<b>X</b>	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	<b>X</b>	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.**

The Purpose of this amendment batch is to reflect the following changes in the listed PNMI agreements:

- MH1-20-2016: Add Spend Down funds for clients
- MH2-20-2014: Add Spend Down Funds
- MH3-20-217: New location and add rate
- MH4-20-211: Rate change

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**PART III: SUPPLEMENTAL INFORMATION**

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". 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."

The agreement is necessary to provide funds to an individual in spend down (persons who temporarily lose their eligibility for MaineCare due to being over income).

**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 willing and qualified providers who are licensed to provide these services and employs qualified licensed practitioners.

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

There are 2 agreements which will require additional funding to cover client's MaineCare Spend Downs.

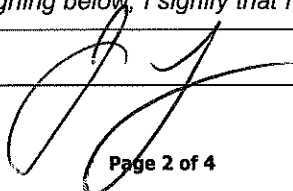
**4. Describe the plan for future competition for the goods or services.**

The Department does not intent to RFP these services, who 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**

**Signature of requesting  
Department's Commissioner  
(or designee):**

*By signing below, I signify that I approve of this procurement request.*



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<b>Printed Name:</b>	<i>Jim Long</i>	<b>Date:</b>	<i>28 - Jun - 21</i>
<b>Signature of DAFS Procurement Official:</b>	<small>Digitally signed by</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	6/30/2021

## State of Maine Procurement Justification Form

Office: Office of Behavioral Health  
 Service Group: Residential Services - PNMI (MH)  
 No. of Vendors in Amendment Batch: 4  
 Agreement Term: 7/1/2019 – 6/30/2021

Agreement Number	AdvME CT #	Vendor Name	Amendment Amount	Total Amount
MH1-20-2016D	10A 20190509*3337	FELLOWSHIP HEALTH RESOURCES	\$ 10,786.00	\$ 35,279.22
MH2-20-2014E	10A 20190509*3330	MOTIVATIONAL SERVICES INC	\$ 70,000.00	\$ 265,987.88
MH3-20-217D	10A 20190509*3334	PENQUIS COMM ACTION PROG INC	\$ -	\$ 53,763.84
MH4-20-211D	10A 20190509*3336	NEW COMMUNITIES INC	\$ -	\$ 80,047.12
			<b>\$ 80,786.00</b>	<b>\$ 435,078.06</b>