

**State of Maine
Procurement Justification Form**

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/PNMI	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Debbie Weston	
(If applicable) Department Reference #:		See Attachment	
Amount: (Contract/Amendment/Grant)	\$ See attachment	Advantage CT / RQS #:	See attachment
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2022
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 attachment	
Brief Description of Goods/Services/Grant:		Community residential services for Adult Protective Services clients and individuals residing in Private Non-Medical Institution (PNMI) Appendix E facilities administered by the Office of Aging and Disability Services (OADS)	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	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 Agreement supports community residential services for residents of Private Non-Medical Institutions (PNMI), Appendix E facilities administered by OADS during the MaineCare Medically Needy deductible period (period of MaineCare ineligibility).

Community residential services covered by this Agreement are health treatments, nursing services, rehabilitative services, personal care services, in-home supports and community living support provided by an agency or facility that is licensed as a Private Non-Medical Institution, Appendix E.

Medically Needy Eligibility is defined in the MaineCare Eligibility Manual, 10-144 C.M.R. ch. 332, Part 10.

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PART III: SUPPLEMENTAL INFORMATION

Private Non-Medical Institution, Appendix E refers to 10-144 C.M.R. ch. 101, ch. II, § 97.

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

These providers are licensed PNMI Appendix E facilities administered by OADS. Funding is only available to PMI Appendix E facilities that are licensed by DHHS and provide integral health treatment, rehabilitative services, in-home supports and community living support, as authorized and administered by OADS.

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

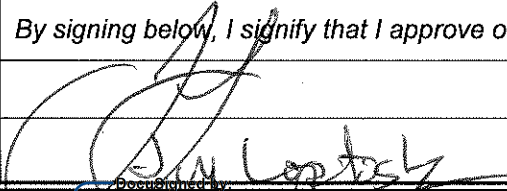

The cost is based on deductibles calculated by the MaineCare eligibility specialists at the Department's Office for Family Independence per 10-144 C.M.R. ch. 332, Part 10.

There is no federal funding that supports these services. This is a community residential services program for adults who need specialized residential services and have a Medically Needy deductible (period of ineligibility) for MaineCare coverage. Agreement funds are used to meet the deductible for MaineCare.

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

The Department does not intend to RFP these services.

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:	15-June-20
Signature of DAFS Procurement Official:			
Printed Name:	Kathy Paquette	Date:	7/6/2020

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DHHS Office:	OADS			
Service:	PNMI Spend Down			
Start Date:	7/1/2020			
Vendor/Provider Name	Address	Contract (CT) Number	DHHS Agreement #	Total Contract Amount
New Communities	869 Main St, Ste 600 Westbrook, ME 04092	CT 10A 20200519*3389	ADS-21-5226	\$111,066.00
Relatives and Friends Together	76 Bradley St, Lewiston, ME 04240	CT 10A 20200519*3388	ADS-21-3227	\$93,593.24
The Opportunity Alliance	50 Lydia Ln So Portland, ME 04106	CT 10A 20200519*3384	ADS-21-2225	\$36,504.00
		Totals:	3	\$241,163.24