

## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

### PART I: OVERVIEW

Department Office/Division/Program:		OBH/DHHS/Residential Services (MH)/Kathy LaVallee			
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Jennifer Levesque			
(If applicable) Department Reference #:		MH1-20-2016B			
Amount: (Contract/Amendment/Grant)	Original \$	13,053.60	Advantage CT / RQS #:	CT 10A 20190509000000003337	
	Amend \$	11,439.62			
	Revised \$	24,493.22			
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:		Fellowship Health Resources Lincoln, RI			
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
X	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		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.

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### PART III: SUPPLEMENTAL INFORMATION

**The purpose of this amendment is to add \$11,439.62 in Spend Down.**

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."

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

The Department does not have the resources or expertise to provide this service.

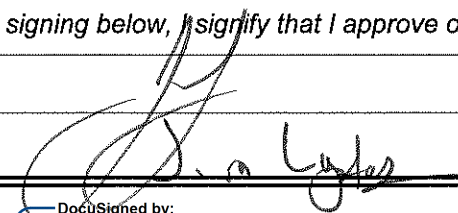
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

SAMHS determined that these rates were fair and reasonable. The Spend Down rates are aligned with the MaineCare rates.

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

These services are delivered by "willing and qualified providers" who are licensed with the Division of Licensing and Regulatory Services and have a contract with SAMHS.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>		<b>Date:</b>	3-Jun-20
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	8/17/2020