

## State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OADS/DDS/Evaluation and Consultation Services		
Department Contract Administrator or Grant Coordinator:	Nancy Tan/Arlene Jones		
(If applicable) Department Reference #:	ADS-21-9706		
Amount: (Contract/Amendment/Grant)	\$70,000.00	Advantage CT / RQS #:	10A 20200603*3677
CONTRACT	Proposed Start Date:	07/01/2020	Proposed End Date: 06/30/2022
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:	Becket Academy, Inc. dba Becket Family of Services Orford, New Hampshire		
Brief Description of Goods/Services/Grant:	Special Diagnosis and Evaluation; Clinical Consultation; and Behavior Management Plan Development and Oversight Services		

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
X	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:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
This vendor provides three primary services to the Department.
<ol style="list-style-type: none"> <li>1. Specialized Professional Diagnosis and Evaluation. OADS continues to identify individuals with intellectual disabilities or autism with serious behavioral and psychiatric conditions who have not responded to clinical treatment approaches available to them through their support system funded by MaineCare Section 21 (10-144 C.M.R. ch. 101). These individuals are in jeopardy of further deterioration in their condition to the extent that health and safety cannot be assured without additional clinical expertise being provided and very high staffing ratios to maintain safety. In these situations, all available in-state resources have been sought and provided without improvement in their</li> </ol>

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## PART III: SUPPLEMENTAL INFORMATION

condition, including in most situations, hospitalization for an extended time. This out-of-state resource, Becket Family of Services, provides a qualified interdisciplinary clinical assessment team with experience successfully serving similar individuals in Maine.

2. Clinical Consultation to Crisis Prevention / Intervention Services and Adult Protective Services.  
OADS continues to require consultation services to promote the highest level of independence, health, and safety of older adults and Individuals with Intellectual Disabilities, Autism, or a Brain Injury.
  
3. Behavior Management Plan Development and Oversight.  
Maine DHHS Rule 14-197 C.M.R. Ch. 5 (<https://www1.maine.gov/sos/cec/rules/14/197/197c005.docx>) requires a Qualified Professional to help develop, oversee implementation of, and monitor Behavior Management Plans for individuals with Intellectual Disabilities, Autism, or a Brain Injury who are experiencing challenging behaviors and to provide consultation on specific cases. The Department currently does not have on staff a Qualified Individual as defined in the State rule to carry out these functions. The provided services will assist individuals, families, guardians, and providers to maximize the opportunities available to Individuals to remain in their homes and local communities during and after crisis incidents.

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

This Provider is the only clinical program in New England that solely works with individuals with intellectual disabilities or autism who are experiencing serious behavioral and psychiatric issues. Referrals to this Provider occur only after extensive clinical work at the local level has not resulted in positive outcomes. The Provider provides outpatient services to avoid hospitalization. The Provider has a demonstrated ability to work well with OADS Developmental Services in the past, with positive outcomes for the persons referred.

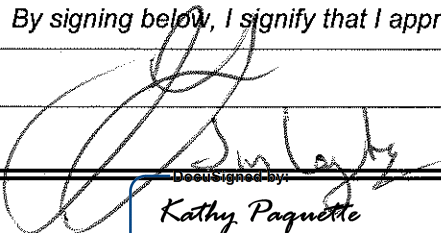

### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Costs are similar to other high-level health consultants that are utilized by the Department. The services are provided at a cost that is typically much lower than even a short inpatient hospital admission. There is no federal funding that supports these services. This is not a MaineCare covered service.

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

RFP T2019002 for Clinical Consultation Services is currently being drafted for a new agreement start date of 07/01/2022.

## 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> 29 July 20
<b>Signature of DAFS Procurement Official:</b>	<small>Delegated by:</small> 		
<b>Printed Name:</b>	Kathy Paquette	<b>Date:</b>	8/21/2020