

State of Maine Procurement Justification Form

DHHS Office: Office of Aging and Disability
 Service: Emergency Transitional Housing
 Start Date: 7/1/2021

Vendor/Provider Name, City & State	Contract (CT) Number	DHHS Agreement #	Total Contract Amount
Granite Bay Care, Inc. 64 B Old Suncook Road Concord, NH 03301	CT 10A 20210719*0112	ADS-22-1551	\$ 400,000.00
Support Solutions, Inc. 99 Danville Corner Road Auburn, ME 04210	CT 10A 20210716*0103	ADS-22-3553	\$ 300,000.00
	TOTAL	2	\$ 700,000.00

State of Maine Procurement Justification Form

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS OADS/Emergency Transitional Housing Lorrie Mitchell / Lori Harding	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Patricia Wall	
(If applicable) Department Reference #:		Multiple: See Attached	
Amount: (Contract/Amendment/Grant)	Multiple: See Attached	Advantage CT / RQS #:	Multiple: See Attached
CONTRACT	Proposed Start Date:	07/01/2021	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:		Multiple: See Attached	
Brief Description of Goods/Services/Grant:		State-funded Home Support – Emergency Transitional Housing	

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	X	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.
<p>The need for these services is unpredictable and urgent when it occurs. Provider is expected to begin delivery of these services within 24 hours after referral of a consumer to the Provider by the Department. The need for these services for each referred consumer is expected to be temporary; until they are no longer needed by the consumer or a permanent placement of the consumer is made.</p> <p>Provider shall provide Home Support Services to eligible consumers as directed by the Department, in accordance with the consumers' Person-Centered Plans, and applicable provisions within 10-144 C.M.R. ch. 101, ch. II, § 21 – Home Support – Agency Per Diem.</p> <p>The purpose of this Contract is to provide State-funded Home Support services to consumers as specified by the Department. The provided services are characterized as "Emergency Transitional Housing Services".</p>

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PART III: SUPPLEMENTAL INFORMATION

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

The Department, Office of Aging and Disability Services, has determined that this Provider is willing and qualified to provide the State-funded Home Support services characterized as "Emergency Transitional Housing Services". The Provider can begin delivery of these services within 24 hours after referral of a consumer to the Provider by the Department on a temporary basis until they are no longer needed by the consumer or a permanent placement of the consumer is made.

This Provider is fully qualified to provide Home Support Services to eligible consumers in accordance with the consumers' Person-Centered Plans and the applicable provisions of 10-144 C.M.R. ch. 101, ch. II § 21.

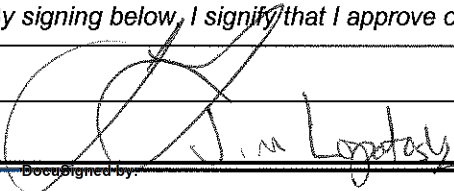
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of the service shall be the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21, Appendix I. The cost is therefore considered fair and reasonable.

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

The Department does not intend to issue an RFP for these services because any willing and qualified provider can provide them at the Agency Home Support rate specified in 10-144 C.M.R. ch. 101, ch. III, § 21, Appendix I.

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: 2-7-21
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	8/16/2021