

# State of Maine Procurement Justification Form

## PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Other Residential Supports/Kerry Polyot-Stefani	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Ryan Roberts	
(If applicable) Department Reference #:		MH3-22-2018	
Amount: (Contract/Amendment/Grant)	\$ 98,838.35	Advantage CT / RQS #:	CT-10A-20210817*0371
CONTRACT	Proposed Start Date:	9/7/2021	Proposed End Date: 9/6/2022
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:		VK Brewer LLC Brewer, ME	
Brief Description of Goods/Services/Grant:		Single Room Fee	

## 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
<b>X</b>	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.**

The purpose of this Agreement is to cover room, board, and staffing related costs associated with an empty bed. This is for a specific client who requires a single room occupancy arrangement at a nursing facility. The actual treatment costs for this individual will be reimbursed by MaineCare. This agreement is necessary to ensure that the vendor has the resources and funding to allow the client to have her own room at the facility.

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."

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

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### PART III: SUPPLEMENTAL INFORMATION

The Department has exhausted many resources and potential vendors, and this was the only vendor, who was able to admit this client due to the complex needs associated with her care.

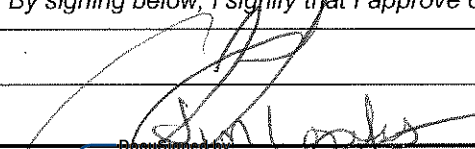
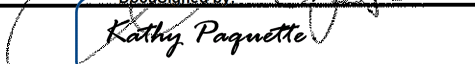
#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates were determined by calculating the costs associated with allowing the client to reside in a room without other residents. The rate is \$270.79 per day (these costs are not reimbursable by MaineCare).

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

The goal is to discontinue this agreement once the client is able to be discharged into a PNMI facility/ Community Residence for Persons with Mental Illness. The Department does not intend to RFP these services.

### 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>	23-Aug-21
<b>Signature of DAFS Procurement Official:</b>			
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	9/2/2021