

## State of Maine Procurement Justification Form

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/DHHS/OBH/Other Residential Supports Kerry Polyot-Stefani / Christie Goodman	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Patricia Wall	
(If applicable) Department Reference #:		MH2-22-544	
Amount: (Contract/Amendment/Grant)	\$ 134,719.00	Advantage CT / RQS #:	CT 10A 20210719*0114
CONTRACT	Proposed Start Date:	7/1/2021	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:		Waterville Center for Health and Rehab LLC dba Mount St. Joseph Waterville, ME 04901	
Brief Description of Goods/Services/Grant:		Specialized Residential Unit Residential Bed Payment Bed Holds requested by OBH	

### 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:

- Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

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".

The purpose of this is to cover the cost of Specialized Residential Beds to establish payments for the admission and care of PNMI residents who have extensive medical needs, along with a diagnosis of severe mental illness.

## State of Maine Procurement Justification Form

### PART III: SUPPLEMENTAL INFORMATION

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

DHHS, Office of Behavioral Health has determined that this provider is willing and qualified to provide these services. The provider has a locked PNMI facility and can provide services to clients with complex medical needs.

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

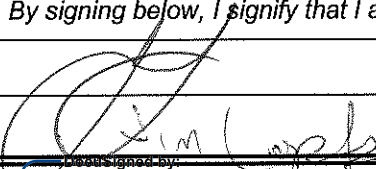
Specialized Residential Unit: The cost per day was established in a previous contract with Mount St. Joseph's, which ended on 6/30/2018. OBH decided to re-establish these payments in July 2019 to support and have control over placement of individuals with complex needs.

\*Bed hold payments are based on the per diem MaineCare rate.

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

The Department does not intend to RFP these willing and qualified 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>	7-Sep-21
<b>Signature of DAFS Procurement Official:</b>	<i>Kathy Paquette</i>		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	9/29/2021