

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OADS/PNMI	
Department Contract Administrator or Grant Coordinator:		Nancy Tan Shawn Belanger	
(If applicable) Department Reference #:		ADS-21-5226A	
Amount: (Contract/Amendment/Grant)	Original Amt \$111,066.00 Amendment \$44,003.60 Total Amount: \$155,069.60	Advantage CT / RQS #:	CT 10A 20200519*3389
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2020	Effective Date:
	Previous End Date:	6/30/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		New Communities, Inc	
Brief Description of Goods/Services/Grant:		Community Residential Services for Adult Protective 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
X	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:

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

This Agreement supports community residential services for residents of Private Non-Medical Institutions (PNMI), Appendix E facilities administered by the Department's Office of Aging and Disability Services (OADS) during the MaineCare Medically Needy deductible period (period of MaineCare ineligibility).

Community residential services covered by this Agreement are health treatments, nursing services, rehabilitative services, personal care services, in-home supports and community living support provided by an agency or facility that is licensed as a Private Non-Medical Institution, Appendix E.

Medically Needy Eligibility is defined in the MaineCare Eligibility Manual, 10-144 C.M.R. ch. 332, Part 10.

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PART III: SUPPLEMENTAL INFORMATION

Private Non-Medical Institution, Appendix E refers to 10-144 C.M.R. ch. 101, ch. II, § 97.

This amendment provides increased services for residential services for residents in PNMI's.

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

This Provider is a licensed PNMI Appendix E facility administered by the Department's OADS. Funding is only available to PMI Appendix E facilities that are licensed by the Department and provide integral health treatment, rehabilitative services, in-home supports and community living support, as authorized and administered by the Department's OADS.

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

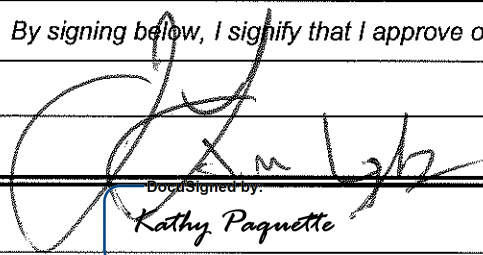
The cost is based on deductibles calculated by the MaineCare eligibility specialists at the Department's Office for Family Independence per 10-144 C.M.R. ch. 332, Part 10.

There is no federal funding that supports these services. This is a community residential services program for adults who need specialized residential services and have a Medically Needy deductible (period of ineligibility) for MaineCare coverage. Agreement funds are used to meet the deductible for MaineCare.

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

The Department does not intend to RFP these services.

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:	11-02-20
Signature of DAFS Procurement Official:	<i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	11/2/2020