

State of Maine Procurement Justification Form

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/OBH/Residential Services (PNMI)/Kerry Polyot-Stefani		
Department Contract Administrator or Grant Coordinator:		Matt Galletta/Lora Blackwell		
(If applicable) Department Reference #:		See Attached List		
Amount: (Contract/Amendment/Grant)	\$ See Attached List	Advantage CT / RQS #:	See attached list	
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023
AMENDMENT	Original Start Date:	7/1/2021	Effective Date:	7/1/2021
	Previous End Date:	6/30/2023	New End Date:	No change
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		See Attached List		
Brief Description of Goods/Services/Grant:		Residential Services-PNMI (MH) Spend Down and Rental Subsidies		

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
	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.

The purpose of this amendment batch is to reflect MaineCare rate changes and clarify some of the deliverables in the Rider A. One of the Providers (New Communities) requires additional funding to cover spend down clients.

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".

According to the Court Master's finding of October 29, 2008, "Pursuant to paragraph 295 of the Settlement Agreement, I recommend that the Department reinstate service eligibility in accordance with the plan from October 13, 2006 and resume state funding, seeking any necessary appropriations to provide mental health

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PART III: SUPPLEMENTAL INFORMATION

services included in the State's Medicaid Plan (i.e. community integration, ACT, daily living support, skills development, outpatient services, medication management, and residential treatment) for all persons who are clinically eligible, even through they may be financially ineligible for MaineCare.

These agreements are necessary to provide funds to individuals for residential treatment (PNMI; Appendix E) who are temporarily ineligible for MaineCare or who do not have enough income to pay rent at these facilities.

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

The Department's Office of Behavioral Health has determined that these Providers are qualified to provide these services because they are licensed with the Department's Division of Licensing and Certification and employs qualified licensed practitioners and is a provider of this service under MaineCare.

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

Spend Down/Treatment rates are consistent with the MaineCare rate. Rental Subsidy rates are negotiated with the PNMI Residential Treatment Team and cannot exceed the FMR (Fair Market Rate) for any given location.

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

The Department does not intend to RFP these services as this is a willing and qualified service.

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:	<i>[Signature]</i>	Date:	<i>15 - Oct - 21</i>
Signature of DAFS Procurement Official:	<i>[Signature]</i> <i>Kathy Paquette</i>		
Printed Name:	Kathy Paquette	Date:	11/1/2021

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Office: Behavioral Health Services
 Service Group: Residential Services - PNMI (MH)
 Service Group Total: \$2,797,445.86
 No. of Vendors: 19

Agreement	Amendment Amount	Revised Agreement Amount	Vendor Name	CT 10A
MH1-22-201A	\$0.00	\$111,979.00	MAINEHEALTH	20210514000000003243
MH1-22-2016A	\$0.00	\$24,494.00	FELLOWSHIP HEALTH RESOURCES	20210514000000003244
MH1-22-204A	\$122,887.34	\$504,539.34	SHALOM HOUSE INC	20210514000000003245
MH1-22-207A	\$0.00	\$247,880.28	THE OPPORTUNITY ALLIANCE	20210514000000003247
MH1-22-208B	\$0.00	\$74,786.00	VOLUNTEERS OF AMERICA	20210514000000003248
MH2-22-2014A	\$0.00	\$435,988.00	MOTIVATIONAL SERVICES INC	20210514000000003249
MH2-22-2015A	\$185,384.00	\$269,138.00	TRI-CTY MENTAL HLTH SERV	20210514000000003250
MH2-22-2017A	\$0.00	\$93,593.24	RELATIVES & FRIENDS TOGETHER FOR SUPPORT INC	20210514000000003251
MH2-22-214A	\$0.00	\$46,020.00	ALTERNATIVE SERV-NE INC	20210514000000003256
MH2-22-215A	\$0.00	\$50,000.00	SWEETSER	20210514000000003257
MH2-22-603A	\$0.00	\$124,640.00	EMPLOYMENT SPECIALISTS OF ME	20210514000000003259
MH2-22-611A	\$0.00	\$265,212.00	KENNEBEC BEHAVIORAL HEALTH	20210514000000003259
MH2-22-900A	\$0.00	\$36,960.00	ASCENTRIA COMMUNITY SERVICES INC	20210514000000003263
MH3-22-217A	\$0.00	\$33,764.00	PENQUIS COMM ACTION PROG INC	20210514000000003264
MH3-22-218A	\$0.00	\$80,000.00	AROOSTOOK MENTAL HLTH SERV INC	20210514000000003265
MH3-22-307A	\$0.00	\$78,508.00	OHI	20210514000000003266
MH3-22-609A	\$0.00	\$16,264.00	NFI NORTH INC	20210514000000003268
MH3-22-920A	\$0.00	\$12,024.00	COMMUNITY HEALTH & COUNSELING SERVICES	20210514000000003269
MH4-22-211A	\$120,122.00	\$291,656.00	NEW COMMUNITIES INC	20210514000000003270
	\$428,393.34	\$2,797,445.86		