

## State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/OADS/DDS/Rental Subsidy: Lori Harding		
Department Contract Administrator or Grant Coordinator:	Nancy Tan & Lisa Munster		
(If applicable) Department Reference #:	ADS-22-4553		
Estimated Contract or Grant Amount:	\$21,542.00	Advantage CT / RQS #:	CT 10A 2021100100000000907
<b>CONTRACT</b>	Proposed Start Date:	09/01/2021	Proposed End Date: 06/30/2022
<b>AMENDMENT</b>	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Northeast Residential Services Gray, Maine		
Brief Description of Goods/Services/Grant:	Rental Subsidy		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	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 QUESTIONS
Please respond to ALL of the following questions.
<b>1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.</b>
This Agreement provides a Rental Subsidy on behalf of Participants who live in waiver-funded, group homes in which they are receiving services under 10-144 C.M.R. ch. 101, ch. II, § 21 (Section 21). These subsidies are intended to augment the amount that is paid to the Provider by Participants who are living in the homes and to cover costs which are not covered by Medicaid. The Provider operates such group homes that generally serve one (1) to six (6) Participants. MaineCare funds staffing and certain administrative costs, and State funds and consumer contributions pay for room and board.

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### PART III: SUPPLEMENTAL QUESTIONS

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

DHHS, Office of Aging and Disability Services have determined that these providers are willing and qualified to provide these services. Each Provider operates one or more group home(s) and has been selected by persons who are receiving Section 21 waiver services as the Provider from which they desire to receive these services. Persons receiving home support services under 10-144 C.M.R. ch. 101, ch. II, § 21 are involved in choosing the Provider of Section 21 waiver services during development of their Person-Centered Plan. This plan of care documents services and supports that are important for the person to meet needs identified through an assessment of functional need, as well as what is important to the person regarding delivery of such services and supports.

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

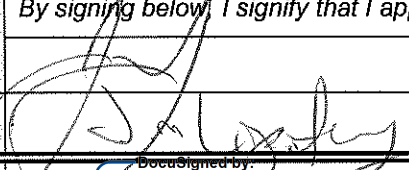
The amount of Rental Subsidy funding paid to the Provider is determined by application of a standard Rental Subsidy calculation that takes into account program Participants income, local FMR rates, and the number of program Participants in each group home.

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

The Department does not intend to issue an RFP for this service.

Any certified MaineCare provider which operates a waiver group home may participate in the Rental Subsidy program.

### 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>	20 - Oct - 21
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	11/4/2021