

## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH/Other Residential Supports/Kathy LaVallee/Christie Goodman	
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Patti Wall	
(If applicable) Department Reference #:		MH2-21-544	
Amount: (Contract/Amendment/Grant)	\$134,719.00	Advantage CT / RQS #:	CT 10A 20200515*3326
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2021
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:	Mount St. Joseph Waterville, ME 04901		
Brief Description of Goods/Services/Grant:	Other Residential Supports (Single Room Access and Skilled Nursing) & Specialized Residential Unit with Community Residential Beds		

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:

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**1. 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".

This agreement provides skilled nursing and Specialized Residential Unit with Community Residential Beds to re-establish payments for the admission and care of PNMI residents who have extensive medical needs, along with a diagnosis of severe mental illness.

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

Over thirty (30) other vendors were called and this was the only provider, who could provide wound care in a skilled nursing facility. The agency employs RN and LPNs. These credentials are beneficial when considering the amount of wound care that is required and the consequences should the wound not be properly observed.

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

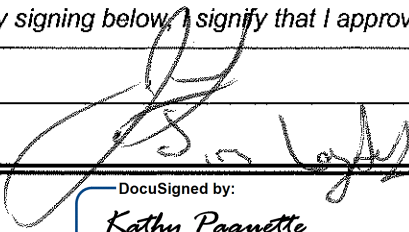
Other Residential Supports (Skilled Nursing): The cost per day, is based on the MaineCare rates. This client requires a single room, so DHHS needs to provide reimbursement for the difference between the cost of a single room and double room occupancy. The additional cost for single occupancy is \$17.50 per day.

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.

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

Specialized Residential Unit: Mount St. Joseph's is a unique PNMI facility, which serves clients with complex medical, social, and behavioral needs. Should other facilities be created with similar programming, DHHS will consider engaging in the RFP process.

### 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>	5-Aug-20
<b>Signature of DAFS Procurement Official:</b>	DocuSigned by: <i>Kathy Paquette</i>		
<b>Printed Name:</b>	kathy Paquette <small>41C2BA36FAE44CD...</small>	<b>Date:</b>	12/29/2020