



PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH/Debra Poulin & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero	
(If applicable) Department Reference #:		MH4-24-2025A	
Amount: (Contract/Amendment/Grant)	Amend: \$90,000.00 Revised: \$150,000.00	Advantage CT / RQS #:	CT-10A- 20231019000000001176
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	10/15/2023 10/25/2023
	Previous End Date:	New End Date:	12/31/2023 6/30/2024
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Walden Behavioral Care, LLC	
Brief Description of Goods/Services/Grant:		Complex Care	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

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

This amendment adds funding and extends the end date to accommodate the treatment needs.

The purpose of this contract is to meet the care needs of one specific client needing out of State specialized in-patient treatment services. This contract period will cover thirty to thirty-six (30-36) days of treatment at the facility, the admission date has yet to be determined.

Client requested a single-case agreement from OMS that was denied. Client appealed decision and it was denied based on IMD exclusion. Chief Hearing Officer cited 14-193 CMR ch 40 which obliges the Office of Behavioral Health to conduct a prior authorization process to determine eligibility for out-of-state funding.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

This out of State provider operates a specialized PNMI type facility that specializes in treatment of eating disorders. Due to this client's acuity, there is no other provider alternatives within the State of Maine that provide this in-patient level of specialized services.

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

Walden Inpatient Level of Care is \$3,125.00 per day, but the Department was able to negotiate a per diem rate of \$1,625.00. The average length of stay is thirty (30) days. Some individuals' complete treatment in less time, while others take longer. This contract represents a maximum length of stay of thirty-six (36) days.

Admissions to the Provider after 11/1/23 will adhere to the MaineCare rate of \$1,400.00 per day.

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

The Department does not intend to RFP this service.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

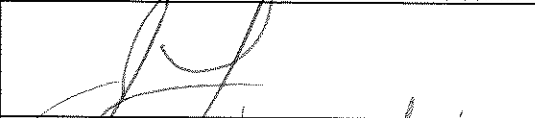
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	7-Dec-23
Signature of DAFS Procurement Official:	<p>DocuSigned by: <i>Kathy Paquette</i></p> <p>41C2BA36FAF44CD...</p>		
Typed Name:	Kathy Paquette	Date:	1/8/2024