



## 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/SAMHS/Veteran's CM/Christie Goodman/Cynthia McPherson	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Jennifer Levesque	
(If applicable) Department Reference #:		MH4-21-2001C	
Amount: (Contract/Amendment/Grant)	Orig: \$116,090.00 Amend: \$ 65,893.31 Revised: \$181,983.31	Advantage CT / RQS #:	CT 10A 20200511000000003174
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	
	Previous End Date:	New End Date:	3/31/2022
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Health Affiliates Maine	
Brief Description of Goods/Services/Grant:		Case Management	

## PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before 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 checked="" type="checkbox"/>	L. Other Authorization: RFP Extended

**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.

The Agreements for Veteran's Case Management are a direct result H.P.853-L.D. 1231: To Assess the Need for Mental Health Care Services for Veterans in Maine and to Establish a Pilot Program to Provide Case Management Services to Veterans for Mental Health Care.

The purpose of this amendment is to add funds and extend the end date to ensure service needs are provided while the RFP process completes.

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

Two providers will continue to pilot this program and provide Community Integration Services to eligible Veterans who are not currently eligible to receive Community Integration Services via MaineCare reimbursement. The provider will work with Veterans to enroll in the Veterans Administration system and help in the navigation of the assessment for eligible Veterans.

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

Amounts were determined using the first six months of invoice totals for FY20 and finding the average invoice amount. Rates are consistent with the MaineCare rate and established by rate setting.

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

The Department intends to competitively procure these services with a 4/1/2022 contract start date.

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

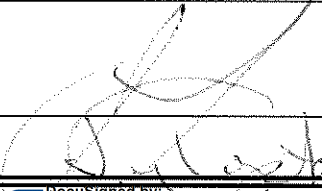
Does this request utilize ARPA/MJRP funds?

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

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:	26 Jan 22
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i>		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	2/22/2022