



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.

| PART I: OVERVIEW | | | | |
|---|---|----------------------------------|--------------------------------|-----------|
| Department Office/Division/Program: | | DHHS/OBH/Tom Connors & Sara Wade | | |
| Department Contract Administrator or Grant Coordinator: | | Chris Moiles / Melinda Farrell | | |
| (If applicable) Department Reference #: | | MH2-24-2025C | | |
| Amount: (Contract/Amendment/Grant) | Current: \$317,648.88 Amend C: \$106,981.00 Revised: \$424,629.88 | Advantage CT / RQS #: | CT 10A 20230428000000002985 | |
| CONTRACT | Proposed Start Date: | | Proposed End Date: | |
| AMENDMENT | Original Start Date: | 7/1/2024 | Effective Date: | 7/1/2024 |
| | Previous End Date: | 6/30/2025 | New End Date: | No Change |
| GRANT | Project Start Date: | | Grant Start Date: | |
| | Project End Date: | | Grant End Date: | |
| Vendor/Provider/Grantee Name, City, State: | | Motivational Services Inc. | | |
| 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.

The CSCP functions as an option for pre-trial defendants ordered into the custody of the DHHS Commissioner for Title 15 §101-D evaluation and treatment who do not meet hospital level of care, do not pose a risk to public safety, and meet the PNMI level of care criteria. The physical plant housing those programs has enhanced security and the staff provides close supervision, but it is not locked. The multidisciplinary staff in the CSCP are trained on topics such as Title 15 §101-D, post-acquittal NCR processes, competence restoration, required documentation, treatment and discharge planning, and close supervision/security. The staffing level in the CSCP program is higher than in traditional PNMI. This program is designed to provide necessary observation, treatment, and supervision in an environment less restrictive than an inpatient hospital setting for carefully screened individuals. The desired outcome of the CSCP is to ensure that appropriately screened pre-trial defendants receive high-quality care, discharge planning as appropriate, and, in most instances, swifter resolution of their legal cases.

This agreement is 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.

This contract is being amended to add funding. This service had higher utilization in the first two quarters than originally budgeted.

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

Motivational Services was selected to provide this service based on their physical plant having enhanced security measures, their ability to provide the staffing level and intensity necessary to support this population, their expertise in working with Title 15 involved clients, and their proximity to Riverview Psychiatric Center should rapid transfer back to an inpatient level of care is needed.

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.

The rate being added for the Psychiatric and Medication Provider are based on the standard hourly rate for the required credentials.

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

The Department does not intend to open this unique service to competitive procurement due to the very specific population of individuals being served, and the physical location of the facility operated by the Provider.

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.

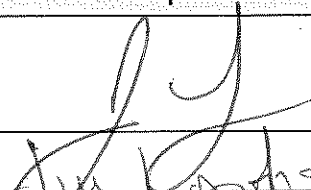
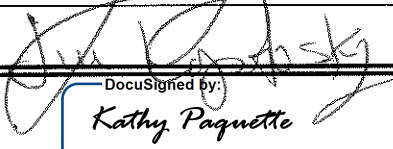
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

| | | |
|--|---|-----------------|
| Signature of requesting Department’s Commissioner (or designee): |  | |
| Typed Name: | | Date: 30-Jan-25 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small> | |
| Typed Name: | Kathy Paquette | Date: 2/10/2025 |