



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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/Leticia Huttman & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Nancy Tan		
(If applicable) Department Reference #:		MH3-22-560		
Amount: (Contract/Amendment/Grant)		\$125,000.00	Advantage CT / RQS #:	CT 10A 20210511000000003178
CONTRACT	Proposed Start Date:	07/01/2021	Proposed End Date:	06/30/2023
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:		Penobscot Community Health Center Bangor, ME		
Brief Description of Goods/Services/Grant:		Clubhouse		

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 type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.

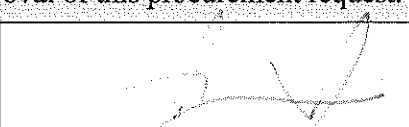
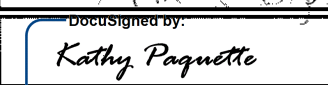
PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.
Mental Health Psychosocial Clubhouse services are part of the array of services provided that help meet the obligations under the Bates vs. DHHS consent decree. The Settlement Agreement requires that the Department make reasonable efforts to fund, develop, recruit and support an array of vocational services to meet class members' needs as identified in their Individual Service Plans. Additionally, vocational services were identified as a core service in the 2006 Approved Consent Decree Plan. Mental Health Psychosocial Clubhouses are an important part of the continuum of services to fulfill those obligations under the Consent Decree.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
The Department's Office of Behavioral Health has determined that his provider is willing and qualified to provide these services because they are certified by the Clubhouse International to provide Mental Health Psychosocial Clubhouse. The Provider is one of two vendors in the state with this accreditation and the only one that would be providing services in the identified geographic area.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
Section 65 of the MaineCare Benefits Manual establishes a unit rate for Clubhouse services. These rates are mirrored in the F-1 Pro Forma.
4. Describe the plan for future competition for the goods or services.
This service is willing & qualified. Qualified providers may submit proposals for consideration.

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

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).
<input checked="" type="checkbox"/> 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:	Jim Lopata	Date:	28 Feb -22
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/9/2022