



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/Residential Services (PNMI) Kerry Polyot-Stefani / Christie Goodman		
Department Contract Administrator or Grant Coordinator:		Nancy Tan / Patricia Wall		
(If applicable) Department Reference #:		MH3-22-609B		
Amount: (Contract/Amendment/Grant)	\$ Original	\$ 16,264.00	Advantage CT / RQS #: CT 10A 20210514**3268	
	Amend A	\$ 0.00		
	Amend B	\$ 13,000.00		
	Revised Total	\$ 29,264.00		
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2021	Effective Date:	9/28/2021
	Previous End Date:	6/30/2023	New End Date:	N/A
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		NFI North, Inc. Contoocook, NH 03229		
Brief Description of Goods/Services/Grant:		Residential Services-PNMI (MH) Spend Down and Rental Subsidies		

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 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.

PART III: SUPPLEMENTAL INFORMATION

The purpose of this amendment is to add additional funds for a client who is being admitted and does not currently have MaineCare. Treatment providers are working on the client's eligibility for MaineCare.

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".

According to the Court Master's finding of October 29, 2008, "Pursuant to paragraph 295 of the Settlement Agreement, I recommend that the Department reinstate service eligibility in accordance with the plan from October 13, 2006 and resume state funding, seeking any necessary appropriations to provide mental health services included in the State's Medicaid Plan (i.e. community integration, ACT, daily living support, skills development, outpatient services, medication management, and residential treatment) for all persons who are clinically eligible, even though they may be financially ineligible for MaineCare.

These agreements are 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.

- 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 this provider is qualified to provide these services. The provider is licensed with the Division of Licensing and Certification which employs qualified licensing practitioners and is a provider of this service under MaineCare.

- 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.

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

The Department does not intend to RFP these services as this is a willing and qualified service.

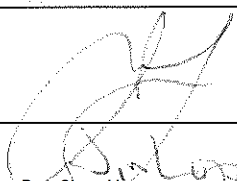

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	23-Feb-22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	3/23/2022