



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/Stacey Chandler(PM)/ Kristen King(PA) | | |
| Department Contract Administrator or Grant Coordinator: | Jennifer Levesque / Melinda Farrell | | |
| (If applicable) Department Reference #: | OSA-25-4037 | | |
| Amount: (Contract/Amendment/Grant) | \$12,428.00 | Advantage CT / RQS #: | CT 10A 20241108000OSA224037 |
| CONTRACT | Proposed Start Date: | 2/1/2025 | Proposed End Date: 2/27/2025 |
| 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: | Health Affiliates Maine, Auburn, ME | | |
| Brief Description of Goods/Services/Grant: | Intensive Outpatient and Outpatient Services | | |

| 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 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 |

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.

In January of 2022, the Provider requested funds be moved from year 1 of agreement OSA-21-4036 to year 2 to pay for Intensive Outpatient and Outpatient services. The Office of Behavioral Health agreed to move the funds and at that time an amendment to move \$12,428 was submitted to the Division of Contract Management (DCM). By July of 2022, the amendment was still pending. A pmod was requested in place of the amendment to move funds and allow for the processing of pending invoices.

During agreement closeout, Division of Audit, found that the incorrect process was used to move \$12,428, and requested the provider pay back the amount in full. The Provider has returned the \$12,428 as requested with the understanding that the Department will repay the Provider the full \$12,428 through an administrative agreement.

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

This is one time payment for services rendered in SFY22.

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

The cost of this service was based on MaineCare rates at the time of service.

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

This is a one-time payment. The Department does not intend to RFP in the future.

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.

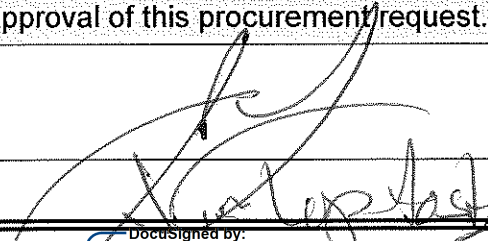

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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: | 20 Feb 25 |
| Signature of DAFS Procurement Official: |  <small>DocuSigned by: Kathy Paquette</small> | | |
| Typed Name: | Kathy Paquette | Date: | 3/3/2025 |