



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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH Dean Bugaj Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell		
(If applicable) Department Reference #:		CBH-25-927		
Amount: (Contract/Amendment/Grant)		\$116,237.24	Advantage CT / RQS #:	CT-10A- 202410070000CBH25927
CONTRACT	Proposed Start Date:	9/27/2024	Proposed End Date:	9/26/2026
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:		DIRIGO SUPPORT PROFESSIONALS LLC Lewiston, ME		
Brief Description of Goods/Services/Grant:		Room and Board		

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 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 checked="" 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.

Pursuant to 1902(a)(43) and 1905(a)(4)(B) of the Social Security Act, MaineCare is required to cover Early and Periodic Screening, Diagnosis and Treatment Services for members under the age of 21. The EPSDT benefit entitles enrolled infants, children, and adolescents to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in Section 1905(a) of the Social Security Act if that treatment or service is necessary to correct or ameliorate defects and physical and mental illnesses or conditions. The member's clinical needs, adaptive functioning, and safety issues necessitate a service that is tailored to meet the member's needs, provide the sensory environment that can keep him regulated, and work to build the skills necessary to develop prosocial behaviors with peers and staff. Given that MaineCare does not currently cover the necessary combination of services and supports that are clinically indicated for this member and given MaineCare's obligations under EPSDT, MaineCare will reimburse for the services outlined below delivered to this member through this contract.

The Provider agrees to deliver single occupancy, staff intensive residential care services to a youth referred to their program by the Department. The Provider will deliver services designed to meet the youth's individualized needs, provide the sensory environment that can keep the youth regulated, and work to build the skills necessary to develop prosocial behaviors with family, peers, and staff.

The services and supports will enable the individual to remain in a community setting and will focus on communication, safety skills, self-care and ADLs, instrumental activities of daily living (iADLs), medication administration, interpersonal skills, transportation access and skill development, accessing community resources, and activity and physical exercise, all tailored to meet individualized needs.

Services delivered consist of a medical component and Room and Board component.

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

Dirigo Support Professionals specializes in intellectual disabilities which is designed to support individuals with intellectual or autism disorders. They can provide the safe environment and access to care, avoiding a long stay ED visit for this client.

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

The costs were negotiated involving MaineCare, the Commissioner's office (Beth Hamm) and OBH leadership, using costs submitted by the provider and weighing against historical average of placement. Costs include medical, room and board, transportation, and administrative/program support for the individual to remain in a community setting and support daily living.

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

The Department does not intend to competitively procure these services.

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.

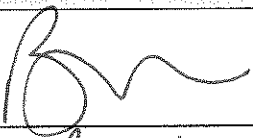

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Ben Munn	Date:	11/25/24
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	3/20/2025