



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/Residential Services/Kerry Polyot-Stefani/Christie Goodman	
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Melinda Farrell	
(If applicable) Department Reference #:		MH2-22-603C	
Amount: (Contract/Amendment/Grant)	Amend C: \$ 159,644.48 Revised \$ 284,284.48	Advantage CT / RQS #:	CT 10A 20210514000000003259
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	07/01/2022
	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:		Employment Specialists of Maine Augusta, ME	
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.

The purpose of this amendment is to update rates and add funds for a Not Criminally Responsible Client under the Care and Custody of the Commissioner who is being admitted to an Appendix E PNMI. The client is not eligible for MaineCare and has \$0 income.

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".

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 does not have the expertise to provide this service.

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

Planned admission date is November 2022. The cost to cover this client is \$153,700.48 for the client's treatment and \$5,944.00 for rent.

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.

These services are delivered by "willing and qualified providers" who are licensed with the Division of Licensing and Regulatory Services and have a contract with OBH.

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

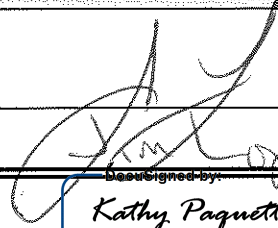
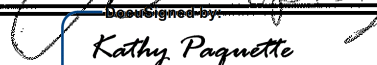
Does this request utilize ARPA/MJRP funds?

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:	Jim Lopatky	Date:	16-Mar-23
Signature of DAFS Procurement Official:	<small>Designated by:</small>  Kathy Paquette		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	4/3/2023

Agreement Number	Amendment Letter	Service Group	Vendor Name	Amendment Reason
MH1-22-201	B	Residential Services - PNMI (MH)	MAINEHEALTH	Rate Change
MH1-22-2020	A	Residential Services - PNMI (MH)	SPURWINK SERVICES INC	Rate Change
MH1-22-204	C	Residential Services - PNMI (MH)	SHALOM HOUSE INC	Rate Change
MH1-22-207	D	Residential Services - PNMI (MH)	THE OPPORTUNITY ALLIANCE	Rate Change
MH1-22-208	C	Residential Services - PNMI (MH)	VOLUNTEERS OF AMERICA	Rate Change
MH2-22-2014	C	Residential Services - PNMI (MH)	MOTIVATIONAL SERVICES INC	Rate & Rider A Change
MH2-22-2017	B	Residential Services - PNMI (MH)	RELATIVES & FRIENDS TOGETHER FOR SUPPORT INC	Rate Change
MH2-22-900	B	Residential Services - PNMI (MH)	ASCENTRIA COMMUNITY SERVICES INC	Rate Change
MH3-22-217	B	Residential Services - PNMI (MH)	PENQUIS COMM ACTION PROG INC	Rate Change
MH3-22-307	B	Residential Services - PNMI (MH)	OHI	Rate Change
MH3-22-609	D	Residential Services - PNMI (MH)	NFI NORTH INC	Rate Change