



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.

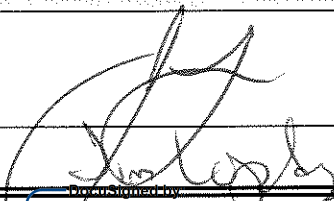

| PART I: OVERVIEW | | | |
|---|--------------------------------|--|----------------------------------|
| Department Office/Division/Program: | | DHHS/OBH Brianne Masselli / Theresa Witham | |
| Department Contract Administrator or Grant Coordinator: | | Nancy Tan / Jeanne Garza | |
| (If applicable) Department Reference #: | | MH4-23-0003 | |
| Amount: (Contract/Amendment/Grant) | \$ Multiple: See attached list | Advantage CT / RQS #: | CTMV 10A 20220411000000000005 |
| CONTRACT | Proposed Start Date: | 7/1/2022 | Proposed End Date: 6/30/2023 |
| 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: | | Multiple: See attached list | |
| Brief Description of Goods/Services/Grant: | | SFY23 Medication Management Services | |

| 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. | <p>The Office of Behavioral Health supports a complete behavioral health service continuum and has an obligation to fulfill certain requirements of the Bates v. DHHS Consent Decree (Consent Decree) by providing Medication Management Services to individuals with Serious Mental Illness (SMI). The Provider shall provide Medication Management Services to individuals who meet the eligibility criteria as outlined in Section IV, C, but who are not currently eligible to receive Medication Management Services via MaineCare reimbursement.</p> |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | <p>DHHS, Behavioral Health Services has determined that these providers are willing and qualified. These providers are qualified to provide this service because they are licensed by DLRS to provide this service, employs qualified licensed practitioners and is a provider of this service under MaineCare.</p> |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | <p>Rate are standardized and consistent with the MaineCare rate.</p> |
| 4. Describe the plan for future competition for the goods or services. | <p>The Department does not intend to RFP these willing and qualified services.</p> |

| 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: | <i>[Signature]</i> | Date: | 14-June-22 |
| Signature of DAFS Procurement Official: |  | | |
| Typed Name: | Kathy Paquette | Date: | 6/15/2022 |

Office: **Behavioral Health Services (OBH)**CTMV Agreement No.: **MH4-23-0003**CTMV 10A- **20220411000000000005**Start: **7/1/2022** End: **6/30/2023**Service Group: **Medication Management Services** Service Group Total: **\$1,298,511.95**No. of Vendors **11**

| Agreement Number | Vendor | Vendor Customer Code | Service | Rate Per Unit | Unit of Measure | Projected Monthly Billable Dollars | Authorized Monthly Billable Dollars | Projected Total |
|------------------|---|----------------------|-----------------------------|---------------|-----------------|------------------------------------|-------------------------------------|-----------------|
| MH3-23-836 | Aroostook Mental Health Services, Inc. | VC1000005876 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$462 | \$531 | \$5,541.85 |
| MH3-23-106 | Community Health & Counseling Services | VC1000017720 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$462 | \$531 | \$5,541.85 |
| MH2-23-601 | Crisis & Counseling Centers, Inc. | VC1000018712 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$462 | \$531 | \$5,541.85 |
| MH2-23-710 | Kennebec Behavioral Health dba Kennebec Valley Mental Health Center | VC1000049769 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$81,400.00 | \$93,610.00 | \$976,805.00 |
| MH1-23-7103 | Maine Behavioral Healthcare | VC0000233299 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$7,851 | \$9,029 | \$94,211.36 |
| MH1-23-3008 | Day One | VC1000022485 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$1,172 | \$1,348 | \$14,068.53 |
| MH1-23-4006 | Spurwink Services, Inc. | VC1000085465 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$1,385 | \$1,593 | \$16,625.54 |
| MH2-23-417 | Sweetser | VC1000088400 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$462 | \$531 | \$5,541.85 |
| MH2-23-4028 | Tri-County Mental Health Services | VC1000092940 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$462 | \$531 | \$5,541.85 |
| MH1-23-4009 | York County Shelter Programs, Inc. | VC1000097559 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$462 | \$531 | \$5,541.85 |
| MH1-23-616 | MaineHealth DBA MAINE MEDICAL CENTER | VC1000057865 | Medication Management - MHS | \$82.64 | 1/4 Hour | \$2,631 | \$3,025 | \$31,568.48 |