



## 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/ Patrick Bouchard & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall		
(If applicable) Department Reference #:		MH2-22-932B		
Amount: (Contract/Amendment/Grant)	Original	\$ 7,700.00	Advantage CT / RQS #:	CT 10A 20210510**3149
	Amd A	\$ 0.00		
	Amd B	\$ 6,900.00		
	Revised Total	\$14,600.00		
CONTRACT	Proposed Start Date:	7/1/2021	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:		Anthony Brucato Farmingdale ME		
Brief Description of Goods/Services/Grant:		A Safer Place, Baxter related		

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.

This service provides specialized professional mental health services in the communication modality most readily understood by former students of the Maine School for the Deaf and/or the Governor Baxter School for the Deaf such that the consumer receives services at no out-of-pocket expense pursuant to the Public and Special Law, Chapter 12, May 2, 2001. In 2001, Maine State Legislature adopted LD178, an Act to Implement the Continuation of Services for victims of abuse at the Governor Baxter School for the Deaf. Section 1, Continuation of Services.

**This contract is being amended to add funds due to the provider serving additional clients.**

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

The provider is a licensed clinician proficient in American Sign Language, to provide specialized outpatient services. Baxter consumers who have been determined clinically eligible for outpatient services choose which clinician they wish to receive treatment from. These services are mandated by the Baxter School for the Deaf settlement and chosen by the individual Baxter consumer from a pool of specialized outpatient providers.

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

This contract pays for out-of-pocket costs to the consumer (co-pays, deductibles, etc.) that insurance doesn't cover for their outpatient therapy related to trauma the consumer experienced while at the Baxter school. The rate is based on the units of service approved by the Department's Administrative Services Organization multiplied by the hourly rate of the practitioner. The practitioner rates are based on a standardized rate structure that is less than the MaineCare rate for outpatient services with interpreter services.

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

The Department does not plan to competitively procure these services.

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

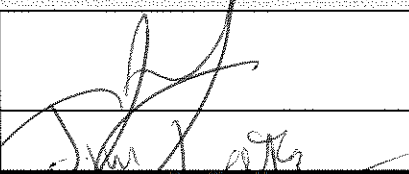

Does this request utilize ARPA/MJRP funds?

Yes – 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):			Date:	25-May-23
Signature of DAFS Procurement Official:			Date:	6/2/2023
Typed Name:	Kathy Paquette	41C2BA36FAF44CD...	Date:	6/2/2023