



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 Theresa Witham		
Department Contract Administrator or Grant Coordinator:		/ Brianne Carrero		
(If applicable) Department Reference #:		Medication Management – SFY24		
Amount: (Contract/Amendment/Grant)	\$ Multiple: See attached list	Advantage CT / RQS #:	CTMV 10A 2023040400000000011	
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2024
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:		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.

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.

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

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.

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

Rate are standardized and consistent with the MaineCare rate.

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

The Department does not intend to RFP these willing and qualified services.

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

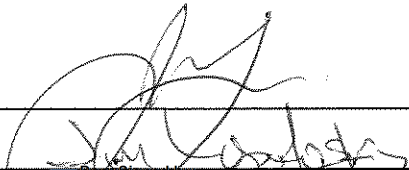

Does this request utilize ARPA/MJRP funds?

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):		
Typed Name:		Date: 31 May 23
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 6/5/2023

DHHS Office: OBH
Service: Medication Management-SFY24

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
Aroostook Mental Health Services, Inc.	MH3-24-836	7/1/2023	6/30/2024	\$ 5,950.08
Community Health & Counseling Services	MH3-24-106	7/1/2023	6/30/2024	\$ 5,950.08
Crisis & Counseling Centers, Inc.	MH2-24-601	7/1/2023	6/30/2024	\$ 5,950.08
Kennebec Behavioral Health dba Kennebec Valley Mental Health Center	MH2-24-710	7/1/2023	6/30/2024	\$ 976,804.80
Maine Behavioral Healthcare	MH1-24-7103	7/1/2023	6/30/2024	\$ 94,209.60
Day One	MH1-24-3008	7/1/2023	6/30/2024	\$ 14,875.20
Spurwink Services, Inc.	MH1-24-4006	7/1/2023	6/30/2024	\$ 14,875.20
Sweetser	MH2-24-417	7/1/2023	6/30/2024	\$ 10,908.48
Tri-County Mental Health Services	MH2-24-4028	7/1/2023	6/30/2024	\$ 5,950.08
York County Shelter Programs, Inc.	MH1-24-4009	7/1/2023	6/30/2024	\$ 5,950.08
MaineHealth DBA MAINE MEDICAL CENTER	MH1-24-616	7/1/2023	6/30/2024	\$ 29,750.40
Total Items	11		Total Projected	\$1,171,174.08