



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/Angie Newhouse & Patrick Bouchard (PM)/ Christie Goodman (PA)		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger		
(If applicable) Department Reference #:		Multiple, See Attached List		
Amount: (Contract/Amendment/Grant)		\$4,445,987.54	Advantage CT / RQS #:	CTMV 10A 2023041800000000022
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:		Section 17 Services: Assertive Community Treatment, Community Integration, Daily Living Support Skills, and/or Community Rehabilitation 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.

OBH is responsible for services to individuals with serious and persistent mental illness within the State of Maine. Central to the Bates Consent Decree is the provision of community integration services for consumers with SPMI to have an individualized support plan in order to, link, coordinate, and advocate for community-based services. Paragraph 49 of the AMHI Consent Decree entitles individuals "to receive an individualized support plan..., which is coordinated and monitored by a community support worker" (community integration worker that provides community integration services). "The Commissioner..., shall establish..., with private agencies community support services which..., are accessible geographically" paragraph 32 states..., "Non-Class Members shall not be deprived services solely upon the basis they are not members of the plaintiff's class"

MaineCare provides this service for its members. OBH is responsible under the Decree to provide this service to non-MaineCare individuals. According to the Court Master's findings of October 29, 2008 "Accordingly, pursuant to paragraph 295 of the Settlement Agreement, I recommend that the Department reinstate service eligibility in accordance with their plan of October 13, 2006 and resume state funding, seeking any necessary appropriations to provide mental health services included in the State's Medicaid Plan (i.e. Community Integration, ACT, Daily Living Support, Skills Development Services, outpatient services, Medication Management and Residential Treatment) for all persons who are clinically eligible, even though they may be financially ineligible for MaineCare."

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

DHHS, Office of Behavioral Health Services (OBH) has determined that these providers are willing and qualified providers who are licensed with the Division of Licensing and Regulatory Services and have a contract with OBH. OBH allocates State General Funds and Federal Block Grant dollars on a Fee for Service basis at the MaineCare rate for clinically eligible consumers who do not have MaineCare. SAMHS is responsible under the Consent Decree to provide these services to non-MaineCare individuals.

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

Rates are standardized consistent with the MaineCare rate and established by rate setting.

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

The Department does not intend to RFP these services because these services are all MaineCare services provided by willing and qualified providers.

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

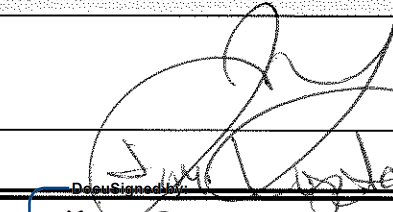

Does this request utilize ARPA/MJRP funds?

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:	<small>DocuSigned by:</small>	Date:	31-May-23
Signature of DAFS Procurement Official:			
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	6/5/2023

DHHS Office: OBH
Service: Section 17-SFY24

Vendor Name	Agreement Number	Start Date	End Date	Projected Spend
DAY ONE	MH1-24-1029	7/1/2023	6/30/2024	\$18,094.84
MAINEHEALTH	MH1-24-7105	7/1/2023	6/30/2024	\$980,301.78
CATHOLIC CHARITIES MAINE	MH1-24-807	7/1/2023	6/30/2024	\$60,429.92
PREBLE STREET	MH1-24-808	7/1/2023	6/30/2024	\$162,854.88
COMMUNITY CHOICE BEHAVIORAL HEALTH PLLC	MH1-24-810	7/1/2023	6/30/2024	\$59,376.00
SHALOM HOUSE INC	MH1-24-825	7/1/2023	6/30/2024	\$45,894.94
SPURWINK SERVICES INC	MH1-24-838	7/1/2023	6/30/2024	\$308,293.44
MAINE VOC & REHAB ASSOC INC	MH1-24-935	7/1/2023	6/30/2024	\$74,667.38
RUMFORD GROUP HOME INC	MH2-24-2009	7/1/2023	6/30/2024	\$3,414.12
BREAK OF DAY MENTAL HEALTH GROUP INC	MH2-24-340	7/1/2023	6/30/2024	\$28,337.20
SWEETSER	MH2-24-406	7/1/2023	6/30/2024	\$197,933.21
WESTERN MAINE BEHAVIORAL HEALTH,LLC	MH2-24-5002	7/1/2023	6/30/2024	\$23,557.43
ASCENTRIA COMMUNITY SERVICES INC	MH2-24-518	7/1/2023	6/30/2024	\$34,141.20
OXFORD CTY MENTAL HEALTH SERV	MH2-24-534	7/1/2023	6/30/2024	\$91,839.83
CORNERSTONE BEHAVIORAL HEALTHCARE LLC	MH2-24-600	7/1/2023	6/30/2024	\$2,671.92
HEALTH AFFILIATES MAINE	MH2-24-604	7/1/2023	6/30/2024	\$204,847.20
ALTERNATIVE SERV-NE INC	MH2-24-804	7/1/2023	6/30/2024	\$51,211.80
JMPB INC	MH2-24-806	7/1/2023	6/30/2024	\$243,391.98
AREA IV MENTAL HLTH COALITION	MH2-24-809	7/1/2023	6/30/2024	\$52,918.86
EMPLOYMENT SPECIALISTS OF ME	MH2-24-814	7/1/2023	6/30/2024	\$40,956.02
GRAHAM BEHAVIORAL SERVICES INC	MH2-24-816	7/1/2023	6/30/2024	\$134,569.92
KENNEBEC BEHAVIORAL HEALTH	MH2-24-819	7/1/2023	6/30/2024	\$328,171.45
A LIFES COMPASS PLLC	MH2-24-828	7/1/2023	6/30/2024	\$53,943.10
TRI-CTY MENTAL HLTH SERV	MH2-24-829	7/1/2023	6/30/2024	\$183,790.32
LIFELINE FOR ME LLC	MH2-24-830	7/1/2023	6/30/2024	\$8,535.30
MAINEGENERAL COMMUNITY CARE	MH2-24-840	7/1/2023	6/30/2024	\$284,578.56
MAINE BEHAVIORAL HEALTH ORG	MH2-24-951	7/1/2023	6/30/2024	\$36,189.67
AROOSTOOK MENTAL HLTH SERV INC	MH3-24-215	7/1/2023	6/30/2024	\$59,405.69
COMMUNITY HEALTH & COUNSELING SERVICES	MH3-24-812	7/1/2023	6/30/2024	\$183,166.74
NORTHEAST OCCUPATIONAL EXCHANGE INC	MH3-24-823	7/1/2023	6/30/2024	\$31,751.32
OHI	MH3-24-824	7/1/2023	6/30/2024	\$6,145.42
FELLOWSHIP HEALTH RESOURCES	MH3-24-826	7/1/2023	6/30/2024	\$222,382.15
SUNRISE OPPORTUNITIES	MH3-24-827	7/1/2023	6/30/2024	\$5,462.59
LIFE BY DESIGN	MH3-24-832	7/1/2023	6/30/2024	\$132,126.44
COMMUNITY CARE	MH3-24-834	7/1/2023	6/30/2024	\$54,625.92
Total Items	35		Total Projected	\$4,409,978.54