



**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		
Department Contract Administrator or Grant Coordinator:		/ Brianne Carrero		
(If applicable) Department Reference #:		See Attached MVA vendors		
Amount: (Contract/Amendment/Grant)	\$ 1,610,209.04 Total Agreements Amount	Advantage CT / RQS #:	CTMV 10A 2023042800000000023	
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:		See Attached MVA Vendors		
Brief Description of Goods/Services/Grant:		Residential Services-PNMI (MH)		

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.

These agreements are necessary to provide funds to individuals for residential treatment (PNMI; Appendix E) who are temporarily ineligible for MaineCare or do not have enough income to pay rent at these facilities.

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. As a result, 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.”

According to the Court Master’s finding of October 29, 2008, “Pursuant to paragraph 295 of the Settlement Agreement, I recommend that the Department reinstate service eligibility in accordance with the plan from 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, Outpatient Services, Medication Management, and Residential Treatment) for all clinically eligible persons, 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.

The Department’s Office of Behavioral Health has determined that these Providers are qualified to provide these services because they are licensed with the Department’s Division of Licensing and Certification, employ qualified licensed practitioners, and are 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 the grantee.

Spend Down/Treatment rates are consistent with the MaineCare rate for PNMI Appendix E Facilities. Rental Subsidy rates are negotiated with the PNMI Residential Treatment Team and should not exceed the FMR (Fair Market Rate) for any given location.

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

The Department does not intend to RFP these services as this is a willing and qualified service.

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

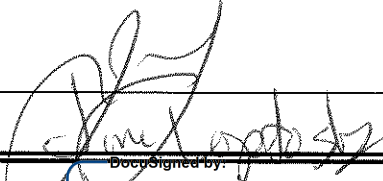

Does this request utilize ARPA/MJRP funds?

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:	 <small>DocuSigned by:</small> Kathy Paquette		
Typed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>	Date:	6/22/2023

<b>DHHS Office: OBH</b>				
<b>Service: Residential Services – PNMI (MH)</b>				
<b>CTMV 10A 2023042800000000023</b>				
<b>Vendor Name</b>	<b>Agreement Number</b>	<b>Start Date</b>	<b>End Date</b>	<b>Projected Spend</b>
MAINEHEALTH	MH1-24-201	7/1/2023	6/30/2024	\$ 30,000.00
FELLOWSHIP HEALTH RESOURCES	MH1-24-2016	7/1/2023	6/30/2024	\$ 5,000.00
SPURWINK SERVICES INC	MH1-24-2020	7/1/2023	6/30/2024	\$ 75,000.00
SHALOM HOUSE INC	MH1-24-204	7/1/2023	6/30/2024	\$ 249,945.80
THE OPPORTUNITY ALLIANCE	MH1-24-207	7/1/2023	6/30/2024	\$ 224,194.00
VOLUNTEERS OF AMERICA	MH1-24-208	7/1/2023	6/30/2024	\$ 24,864.00
MOTIVATIONAL SERVICES INC	MH2-24-2014	7/1/2023	6/30/2024	\$ 217,179.56
TRI-CITY MENTAL HLTH SERV	MH2-24-2015	7/1/2023	6/30/2024	\$ 217,600.00
RELATIVES & FRIENDS TOGETHER FOR SUPPORT INC	MH2-24-2017	7/1/2023	6/30/2024	\$ 46,796.62
ALTERNATIVE SERV-NE INC	MH2-24-214	7/1/2023	6/30/2024	\$ 13,346.00
SWEETSER	MH2-24-215	7/1/2023	6/30/2024	\$ 54,544.58
EMPLOYMENT SPECIALISTS OF ME	MH2-24-603	7/1/2023	6/30/2024	\$ 194,644.48
KENNEBEC BEHAVIORAL HEALTH	MH2-24-611	7/1/2023	6/30/2024	\$ 15,000.00
ASCENTRIA COMMUNITY SERVICES INC	MH2-24-900	7/1/2023	6/30/2024	\$ 5,000.00
PENQUIS COMM ACTION PROG INC	MH3-24-217	7/1/2023	6/30/2024	\$ 5,000.00
AROOSTOOK MENTAL HLTH SERV INC	MH3-24-218	7/1/2023	6/30/2024	\$ 5,000.00
OHI	MH3-24-307	7/1/2023	6/30/2024	\$ 39,254.00
NFI NORTH INC	MH3-24-609	7/1/2023	6/30/2024	\$ 35,000.00
COMMUNITY HEALTH & COUNSELING SERVICES	MH3-24-920	7/1/2023	6/30/2024	\$ 7,012.00
NEW COMMUNITIES INC	MH4-24-211	7/1/2023	6/30/2024	\$ 145,828.00
<b>Total Items</b>	20		<b>Total Projected</b>	\$1,610,209.04