

**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:		Althea Harris / Patricia Wall		
(If applicable) Department Reference #:		MH1-24-650		
Amount: (Contract/Amendment/Grant)		\$ 21,000.00	Advantage CT / RQS #:	CT 10A 20230425 ** 2866
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2025
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:		Maine Association of Psychiatric Physicians Manchester Maine		
Brief Description of Goods/Services/Grant:		Consultation, Research, Training		

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 checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input 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 purpose of this Agreement is to utilize a Statewide network of volunteer Psychiatrists who are associated with the Provider and link them to Primary Care Providers to meet the mental health needs of consumers. Quality medication management for recipients of mental health services is critical for health and safety of the mental health care recipients. This Agreement, by utilizing volunteers, will result in substantial cost savings to the Department.

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

The Provider shall ensure that an ongoing, consultative relationship is developed in which the rural Primary Care Providers utilize the education and experience of volunteer Psychiatrists as needed for the treatment and medication management of mental health care recipients. This ongoing relationship develops a shared body of experience and the opportunity to consult, over time, on a given case. In addition, the Provider shall maintain Listserv communications for Psychiatrists and Primary Care Providers to share information, and host at least one (1) educational conference per year featuring information germane to psychiatric care.

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

These costs were negotiated with the vendor.

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

The Department does not intend to RFP this service.

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

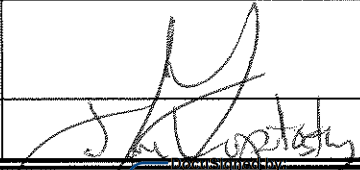

Does this request utilize ARPA/MJRP funds?

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):			Date:	15-Jun-23
Typed Name:				
Signature of DAFS Procurement Official:			Date:	7/12/2023
Typed Name:	Kathy Paquette			