



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 Tom Connors / Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall		
(If applicable) Department Reference #:		MH2-24-2025		
Amount: (Contract/Amendment/Grant)	\$128,824.44	Advantage CT / RQS #:	CT 10A 20230428 ** 2985	
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:		Motivational Services, Inc. Augusta, ME		
Brief Description of Goods/Services/Grant:		Close Supervision Community Program (CSCP) Service Group: Complex Care		

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 CSCP functions as an option for pre-trial defendants ordered into the custody of the DHHS Commissioner for Title 15 §101-D evaluation and treatment who do not meet hospital level of care, do not pose a risk to public safety, and meet the PNMI level of care criteria. The physical plant housing those programs has enhanced security, and the staff provides close supervision, but it is not locked. The multidisciplinary staff in the CSCP are trained on topics such as Title 15 §101-D, post-acquittal NCR processes, competence restoration, required documentation, treatment and discharge planning, and close supervision/security. The staffing level in the CSCP program is higher than in traditional PNMI's. This program is designed to provide necessary observation, treatment, and supervision in an environment less restrictive than an inpatient hospital setting for carefully screened individuals. The desired outcome of the CSCP is to ensure that appropriately screened pre-trial defendants receive high-quality care, discharge planning as appropriate, and, in most instances, swifter resolution of their legal cases.

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

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

Motivational Services was selected to provide this service based on their physical plant having enhanced security measures, their ability to provide the staffing level and intensity necessary to support this population, their expertise in working with Title 15 involved clients, and their proximity to Riverview Psychiatric Center should rapid transfer back to an inpatient level of care is needed.

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

Spend Down/Treatment rates are consistent with the MaineCare rate.

Rental Subsidy rates are negotiated with the PNMI Residential Treatment Team and cannot exceed the FMR (Fair Market Rate) for any given location.

The rate being added for the Psychiatric and Medication Provider are based on the standard hourly rate for the required credentials.

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

The Department will evaluate the services during the pilot period and competitively procure if the services will continue.

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

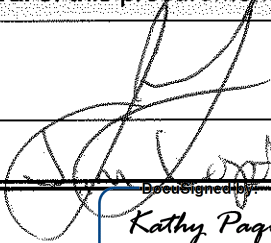

Does this request utilize ARPA/MJRP funds?

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:	12-21-23
Signature of DAFS Procurement Official:	 <small>Document Signed by: Kathy Paquette</small>		
Typed Name:	Kathy Paquette	Date:	7/24/2023