



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

# DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

## 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/Heidi Johnson & Sara Wade		
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Patricia Wall		
(If applicable) Department Reference #:		MH3-24-560		
Amount: (Contract/Amendment/Grant)		\$ 194,200.00	Advantage CT / RQS #:	CT 10A 20230426**2959
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:		Penobscot Community Health Center		
Brief Description of Goods/Services/Grant:		Clubhouse 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.

Mental Health Psychosocial Clubhouse services are part of the array of services provided that help meet the obligations under the Bates vs. DHHS consent decree and MRS Title 26 Chapter 41, Employment First Maine Act. The Settlement Agreement requires that DHHS make reasonable efforts to fund, develop, recruit and support an array of vocational services to meet class members' needs as identified in their Individual Service Plans. Additionally, vocational services were identified as a core service in the 2006 Approved Consent Decree Plan. Mental Health Psychosocial Clubhouses are an important part of the continuum of services to fulfill those obligations under the Consent Decree and Employment First Maine Act.

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

OBH has determined that his provider is willing and qualified to provide these services because they are certified by the Clubhouse International to provide Mental Health Psychosocial Clubhouse. The Provider is one of two vendors in the state with this accreditation and the only one that would be providing services in the identified geographic area.

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

Section 65 of the MaineCare Benefits Manual establishes a unit rate for Clubhouse services. These rates are mirrored in the F-1 Pro Forma.

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

The Department does not plan on competitively procuring these services.

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

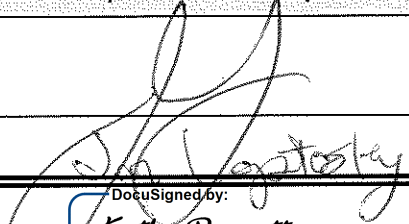
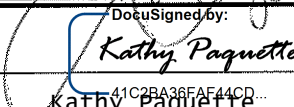
Does this request utilize ARPA/MJRP funds?

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):			Date:	27-Jun-23
Typed Name:			Date:	
Signature of DAFS Procurement Official:			Date:	8/28/2023
Typed Name:	Kathy Paquette		Date:	