

**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/SAMHS/Veteran's CM/Christie Goodman/Cynthia McPherson	
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero	
(If applicable) Department Reference #:		MH4-21-2001E	
Amount: (Contract/Amendment/Grant)	Original: \$181,983.31 Amend: \$24,000.00 Revised: \$229,983.31	Advantage CT / RQS #:	10A 20200511000000003174
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/01/2020	Effective Date:
	Previous End Date:	6/30/2022	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Health Affiliates Maine	
Brief Description of Goods/Services/Grant:		Veteran's Case Management	

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 checked="" 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

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 Agreements for Veteran's Case Management are a direct result H.P.853-L.D. 1231: To Assess the Need for Mental Health Care Services for Veterans in Maine and to Establish a Pilot Program to Provide Case Management Services to Veterans for Mental Health Care.

The amendment will ensure no gap in services while the award under RFP 202205083 is negotiated and a new contract is executed for a 10/1/2022 contract start date.

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

The current Provider will continue to pilot this program and provide Community Integration Services to eligible Veterans who are not currently eligible to receive Community Integration Services via MaineCare reimbursement. The provider will work with Veterans to enroll in the Veterans Administration system and help in the navigation of the assessment for eligible Veterans.

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

Amounts were determined using the first six months of invoice totals for FY22 and finding the average invoice amount. Rates are consistent with the MaineCare rate and established by rate setting.

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

The Department issued and awarded a contract under RFP 202205083. The next competitive procurement period will have a contract start date of 10/1/2027.

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

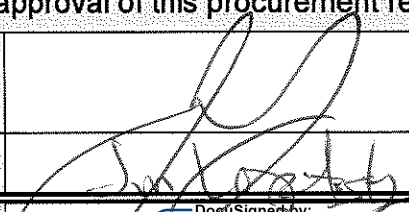
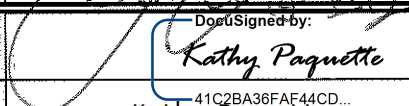
Does this request utilize ARPA/MJRP funds?

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: 8-Aug-22
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>	Date: 9/7/2022