



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
Table with fields: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Amend C, Revised, Advantage CT / RQS #, CT 10A, CONTRACT, Proposed Start Date, Proposed End Date, 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, Brief Description of Goods/Services/Grant.

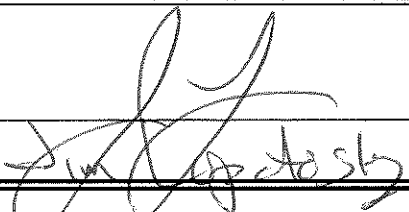
PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with checkboxes and options: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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.
	<p>The purpose of this contract is to meet the care needs of authorized clients needing out of State specialized in-patient treatment services. This contract covers 30-36 days of treatment at the facility for specific clients authorized by the Department</p> <p>Client requested a single-case agreement from OMS that was denied. Client appealed decision and it was denied based on IMD exclusion. Chief Hearing Officer cited 14-193 CMR ch 40 which obliges the Office of Behavioral Health to conduct a prior authorization process to determine eligibility for out-of-state funding.</p> <p>This contract is being amended to add funding and extend the end date to accommodate an admission taking place in Q4 of SFY 2024.</p>
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
	This out of State provider operates a specialized PNMI type facility that specializes in treatment of eating disorders. Due to this client's acuity, there is no other provider alternatives within the State of Maine that provide this in-patient level of specialized services.
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
	Admissions to the Provider after 11/1/23 will adhere to the MaineCare rate of \$1400 per day. The average length of stay is 30 days with some individuals completing treatment in less than 30 days while others take longer.
4.	Describe the plan for future competition for the goods or services.
	The Department does not intend to competitively procure these services.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.	

PART VI: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	19-Aug-24
Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAE44CD		
Typed Name:	Kathy Paquette	Date:	9/5/2024