



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 & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melanie Boucher	
(If applicable) Department Reference #:		Multiple See attached list	
Amount: (Contract/Amendment/Grant)	Multiple See Attached List	Advantage CT / RQS #:	Multiple See Attached List
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2021	Effective Date: 7/1/2023
	Previous End Date:	6/30/2023	New End Date: 12/31/2023
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Multiple	
Brief Description of Goods/Services/Grant:		A Safer Place (Baxter Related)	

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 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.

This service provides specialized professional mental health services in the communication modality most readily understood by former students of the Maine School for the Deaf and/or the Governor Baxter School for the Deaf such that the consumer receives services at no out-of-pocket expense pursuant to the Public and Special Law, Chapter 12, May 2, 2001. In 2001, Maine State Legislature adopted LD178, an Act to Implement the Continuation of Services for victims of abuse at the Governor Baxter School for the Deaf. Section 1, Continuation of Services.

This amendment is to extend the end date and add funding.

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

These Vendors employ independently licensed clinicians [Licensed Clinical Social Workers (LCSWs)/ Licensed Clinical Professional Counselors (LCPCs)], particularly those who are proficient in American Sign Language, to provide specialized outpatient services. Baxter consumers who have been determined clinically eligible for outpatient services choose which clinician they wish to receive treatment from.

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

This contract pays for out-of-pocket costs to the consumer (co-pays, deductibles, etc.) that insurance doesn't cover for their outpatient therapy related to trauma the consumer experienced while at the Baxter school. The rate is based on the units of service approved by the Department's Administrative Services Organization times the hourly rate of the practitioner. The practitioner rates are based on a standardized rate structure that is less than the Mainecare rate for outpatient services with interpreter services.

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

These services are mandated by the Baxter School for the Deaf settlement and chosen by the individual Baxter consumer from a pool of specialized outpatient providers. The Department does not intend to RFP these services.

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

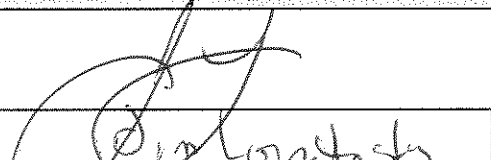
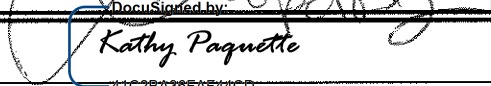
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:		Date:	31-11-23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/26/2023

State of Maine Procurement Justification Form

DHHS Office: OBH
 Service: A Safer Place (Baxter)

Vendor Name	Agreement Number	Amd	CT 10A	Start Date	End Date	Amd Amt.	Revised Amt.
LORI TULLY	MH1-22-4016	B	20210510*3144	7/1/2021	12/31/2023	\$ 725.00	\$6,365.00
SARA L TREAT	MH1-22-926	B	20210510*3145	7/1/2021	12/31/2023	\$ 5,000.00	\$45,000.00
ECHO DIXON LCSW	MH1-22-934	B	20210510*3146	7/1/2021	12/31/2023	\$ 1,250.00	\$11,250.00
NATIONAL DEAF THERAPY	MH1-23-927	B	20221219*1711	7/1/2021	12/31/2023	\$10,935.00	\$54,675.00
ANTHONY C BRUCATO	MH2-22-932	C	20210510*3149	7/1/2021	12/31/2023	\$ 2,474.00	\$17,074.00
SHANA KELLEY-COHEN	MH2-22-933	B	20210510*3150	7/1/2021	12/31/2023	\$ 1,080.00	\$9,694.00
Total Agreements:	6				Total:	\$21,464.00	\$144,058.00