



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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/Kerry Polyot-Stefani   |                                |
| Department Contract Administrator or Grant Coordinator: |                      | Debbie Weston / Melanie Boucher |                                |
| (If applicable) Department Reference #:                 |                      | MH3-25-2018                     |                                |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 127,658.75        | Advantage CT / RQS #:           | CT 10A<br>20241003000MH3252018 |
| CONTRACT  | Proposed Start Date: | 10/1/2024                       | Proposed End Date: 9/30/2025   |
| 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:              |                      | VK Brewer, LLC<br>Brewer, ME    |                                |
| Brief Description of Goods/Services/Grant:              |                      | Complex Care                    |                                |

| PART II: JUSTIFICATION FOR VENDOR SELECTION  |                                   |                          |                                  |
|--|-----------------------------------|--------------------------|----------------------------------|
| Check the box below for 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 purpose of this Agreement is to cover room, board, and staffing related costs associated with an empty bed. This is for a specific client who requires a single room occupancy arrangement at a nursing facility. The actual treatment costs for this individual will be reimbursed by MaineCare. This Agreement is necessary to ensure that the vendor has the resources and funding to allow the client to have their own room at the facility.

Paragraph 93 of the Bates Consent Decree states that DHHS "shall fund, develop, recruit and support a variety of housing options, which can accommodate varying levels of supportive assistance to clients, according to client need."

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

The Department has exhausted many resources and potential vendors. This is the only vendor able to admit this client due to the client's complex needs associated with care.

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

The rates were determined by calculating the costs associated with allowing the client to reside in a room without other residents. The rate covers costs are not reimbursable by MaineCare. The current rate for services, effective 7/1/24 is \$349.75/day.

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

This Contract will be discontinued when the client is discharged into a PNMI facility/ Community Residence for Persons with Mental Illness. The Department does not plan to competitively procure these services.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

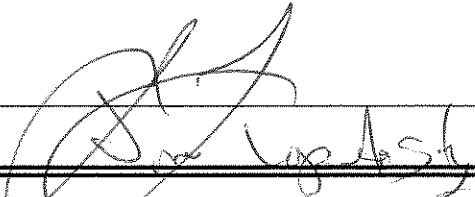
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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.

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: | 7-20-24    |
| Signature of DAFS Procurement Official:                          | DocuSigned by:<br><i>Kathy Paquette</i><br>41C2BA36FAE44CD...                      |       |            |
| Typed Name:  | Kathy Paquette   | Date: | 11/19/2024 |