



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/Complex Care/Kerry Polyot-Stefani		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Brianne Carrero		
(If applicable) Department Reference #:		MH3-23-2019		
Amount: (Contract/Amendment/Grant)		\$ 52,728.00	Advantage CT / RQS #:	CT 10A 20221118000000001403
CONTRACT	Proposed Start Date:	11/21/2022	Proposed End Date:	11/30/2023
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:		Stillwater Health Care, Inc. Portland, ME		
Brief Description of Goods/Services/Grant:		Complex Care		

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 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 her 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, and this was the only vendor, who was able to admit this client due to the complex needs associated with her 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 is \$33.00 per day (these costs are not reimbursable by MaineCare). The Department is also including the cost of 1:1 supervision for the first four (4) weeks that the client resides at the facility to ensure a successful transition.

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

The goal is to discontinue this agreement once the client is able to be discharged into a PNMI facility/ Community Residence for Persons with Mental Illness. 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):			Date:	03-Nov-22
Typed Name:	Jim Cortese		Date:	12/8/2022
Signature of DAFS Procurement Official:			Date:	12/8/2022
Typed Name:	Kathy Paquette		Date:	12/8/2022