



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 (Form's page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Residential Services (PNMI)/Kerry Polyot-Stefani		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza / Patricia Wall		
(If applicable) Department Reference #:		MH2-22-2015B		
Amount: (Contract/Amendment/Grant)		Current \$269,138.00 Amd B \$161,000.00 Total \$430,138.00	Advantage CT / RQS #:	CT 10A 20210514 ** 3250
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023
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:		Tri-County Mental Health Services Lewiston, Maine		
Brief Description of Goods/Services/Grant:		Residential Services-PNMI (MH) Spend Down and Rental Subsidies		

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.

The purpose of this amendment is to add \$161,000 for FY23 to provide rental assistance for clients who cannot afford the full cost of rent at the PNMI facilities. OBH is also adding a rate for a security guard that was utilized for a PNMI client in FY22, so the agency will be able to cover some of the incurred cost with available FY22 funding.

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. Some class members will live independently". The Decree also states that "others will need to live out of home in more restrictive environments which are fully staff supported". According to the Court Master's finding of October 29, 2008, "Pursuant to paragraph 295 of the Settlement Agreement, I recommend that the Department reinstate service eligibility in accordance with the plan from October 13, 2006 and resume state funding, seeking any necessary appropriations to provide mental health services included in the State's Medicaid Plan (i.e. community integration, ACT, daily living support, skills development, outpatient services, medication management, and residential treatment) for all persons who are clinically eligible, even through they may be financially ineligible for MaineCare.

These agreements are necessary to provide funds to individuals for residential treatment who are temporarily ineligible for MaineCare or who do not have enough income to pay rent at these facilities.

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

The Department does not have the expertise to provide this service.

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

Rental Subsidy rates are negotiated with the PNMI Residential Treatment Team and cannot exceed the FMR (Fair Market Rate) for any given location.

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

These services are delivered by "willing and qualified providers" who are licensed with the Division of Licensing and Regulatory Services and have a contract with OBH.

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: 24-Oct-22
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette	
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date: 12/9/2022