



## 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW				
Department Office/Division/Program:	DHHS/OBH Dean Bugaj / Eliza Fielding			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Melanie Boucher			
(If applicable) Department Reference #:	CBH-24-1507			
Amount: (Contract/Amendment/Grant)	\$ 792,205.56	Advantage CT / RQS #:	10A	20240909*CBH241507
<b>CONTRACT</b>	Proposed Start Date:	<b>6/25/2024</b>	Proposed End Date:	<b>8/29/2024</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	MaineHealth dba Maine Behavioral Healthcare Westbrook, Maine			
Brief Description of Goods/Services/Grant:	Residential Services			

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 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 checked="" 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.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	CBHS has been supporting the closure of Spurwink Residential programs as of June 30, 2024, working to secure placement for all youth previously served. One youth has been denied placement by all in-state and out-of-state providers, creating a placement crisis. This youth has high acuity and high staffing needs to maintain safety. To avoid a potential ED stay, Spring Harbor (MaineHealth dba MBH) developmental disabilities unit has agreed to support this youth while long term placement is being sought, which the Department anticipates to be 60 days. Spring Harbor (MaineHealth dba MBH) has familiarity with this youth, having served him for two years prior to the Spurwink placement. This youth does not meet medical eligibility for inpatient level of care at time of admission, meaning at least a portion of this stay will need to be State General Funds. Spring Harbor (MaineHealth dba MBH) will access Medicaid funding should his level of care change.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Spring Harbor (MaineHealth dba MBH) has their developmental disabilities unit which is designed to support high acuity youth with autism spectrum disorders. They have a history with this youth, who was inpatient for two years prior to his Spurwink placement. They can provide the safe environment and access to care, avoiding a long stay ED visit for this youth.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The costs were negotiated involving MaineCare, the Commissioner's office (Beth Hamm) and OBH leadership, using costs submitted by the provider and weighing against historical average of placement. Costs include treatment costs, education costs, costs for upstaffing, and costs for taking an additional bed offline, which is necessary to provide the staffing support for this youth.
4. Describe the plan for future competition for the goods or services.	The Department does not intend to competitively procure these services.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
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.	

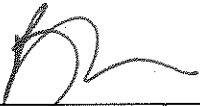
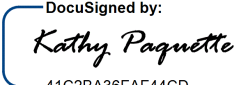
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:	Ben Munro	Date:	12/9/24
Signature of DAFS Procurement Official:	 <small>41C2BA36FAE44CD</small>		
Typed Name:	Kathy Paquette	Date:	12/13/2024