



## 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 / OCFS / Children’s Behavioral Health Services		
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque / Stacy Martin		
(If applicable) Department Reference #:	CBH-24-7000A		
Amount: (Contract/Amendment/Grant)	Original: \$432,335.00 Amend A: \$432,335.00 Revised: \$864,670.00	Advantage CT / RQS #:	CT 10A 20230321*2392
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	<b>7/1/2023</b>	Effective Date:
	Previous End Date:	<b>12/31/2023</b>	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Woodfords Family Services Westbrook, ME	
Brief Description of Goods/Services/Grant:		BHP Certification and Training, OQMHP Certification	

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 checked="" 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 checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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 Department is responsible for establishing training and certification for Behavioral Health Professionals (BHP), Certified BHP Instructors, and Other Qualified Mental Health Professionals (OQMHP) as required by MaineCare regulations. Providing training and certification services to individuals who provide behavioral health services ensures the developmental health and safety needs of the State's Youth. Training and certification requirements can be found in MaineCare regulations in Chapter 2, Sections 28 and 65. Refer to: 10-144 C.M.R. ch. 101, ch. 2, §§ 28.08-2 and 65.06-9. E.

This provider shall administer the BHP Training and Certificate Program to BHPs, BHP Instructors, and OQMHPs. The agreement also includes several additional deliverables regarding workforce development to increase the number of BHPs available to serve children and families, thereby decreasing the number of children waiting for services due to statewide staffing shortages.

The purpose of this Amendment is to add funds and extend the Agreement an additional six (6) months which will align with the upcoming RFP for this service.

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

The vendor was originally awarded under RFP 201608162 for a 5-year award. The final renewal period under the RFP ended on 2/28/2022 and the contract continued while a new RFP was being processed. The RFP has been delayed as the Department's OCFS is currently working to incorporate the need for these services with OADS and OBH. The upcoming RFP for the service was delayed to a contract start date of 7/1/2024. The vendor has the infrastructure in place to continue providing the service until the newly awarded contract begins.

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

The cost of the additional six-month extension was negotiated with the Provider based on the existing cost of the service.

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

The Department intends to competitively bid this service per the revised plan for RFP OCFS20219, with a contract start date of 7/1/2024.

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

Does this request utilize ARPA/MJRP funds?

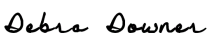

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

### PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	DocuSigned by:  5DC6307B8558482...		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	Jan-02-2024
Signature of DAFS Procurement Official:	DocuSigned by:  2D5B6E39F57E44A...		
Typed Name:	William J.E. Allen	Date:	2/5/2024

NOI 0220240137 02/05/2024 - 02/11/2024