



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:		Office of MaineCare Services			
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Lyndsay Frank			
(If applicable) Department Reference #:		OMS -23-9750B			
Amount: (Contract/Amendment/Grant)		Orig: \$575,540.00	Advantage	CT 10A	
		Amend B: \$174,450.00	CT / RQS #:	20230228000000002178	
		Revised \$749,990.00			
CONTRACT	Proposed Start Date:		Proposed End Date:		
AMENDMENT	Original Start Date:	4/1/2023	Effective Date:	9/1/2024	
	Previous End Date:	6/30/2025	New End Date:	N/A	
GRANT	Project Start Date:		Grant Start Date:		
	Project End Date:		Grant End Date:		
Vendor/Provider/Grantee Name, City, State:		Mercer Health and Benefits LLC Pasadena, CA			
Brief Description of Goods/Services/Grant:		Statewide CCBHC Community Needs Assessment			

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 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 identify a Maine model for Certified Community Behavioral Health Clinics (CCBHC), reflecting the Department's commitment to improving health care access and outcomes for MaineCare members, demonstrating cost-effective use of resources, and creating an environment where providers can innovate to deliver high-value care. The Provider shall produce a statewide CCBHC Community Needs Assessment using existing data and information sources.

This Amendment provides additional funding to support adding implementation of CCBHC outlier threshold reporting and payment to the scope. This additional scope is necessary to support the Department to fully implement the CCBHC model in accordance with the CCBHC Medicaid Demonstration (Maine was one of 10 states accepted to participate in this Demonstration through a competitive process in June 2024). This includes the development and implementation of a process for outlier threshold reporting and payment and that the Department has identified the opportunities for efficient budgeting for state-funded services with the implementation of CCBHC services.

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

These services were originally procured through a competitive award based on the approved Pre-Qualified Vendor List under RFP# 202202012 (RFQ OMS20227).

Initial Start Date*	4/1/2023	Initial End Date*	6/30/2024
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As described above, the continuance of this contract is necessary in order to complete the full scope of the CCBHC model project.

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

The costs and rates of this vendor aligned with the proposed hourly rates provided on their original response to RFP 202202012 Pre-Qualified Vendor List.

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

The Department does not plan to continue these services beyond the contract period.

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:	Jim K. Doherty	Date:	18-Nov-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	2/10/2025