



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		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Jeanne Garza		
(If applicable) Department Reference #:		CFS-20-8022C		
Amount: (Contract/Amendment/Grant)	Original: \$525,000.00 Amend: \$93,750.00 Revised: \$618,750.00	Advantage CT / RQS #:	10A 20190828*0670	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	10/01/2019	Effective Date:	02/01/2022
	Previous End Date:	01/31/2022	New End Date:	06/30/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MaineGeneral Medical Center Augusta, ME		
Brief Description of Goods/Services/Grant:		Pediatric Rapid Evaluation Program (PREP)		

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 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 Pediatric Rapid Evaluation Program (PREP) meets the needs for children who have been physically abused, neglected, sexually abused or exploited to have a skilled professional assessment that includes: medical and psychosocial evaluations of those children who have been taken into the care of the Maine Department of Health and Human Services. This program provides the necessary rapid assessment and timely comprehensive information to DHHS staff to assist in planning appropriate management, treatment and placement, as necessary to meet the immediate need of the child for safety.

Data analysis shows that children receiving the comprehensive health evaluation offered through the PREP receive fewer unnecessary medical procedures, have continuity of care for ongoing medical issues, and the cost of MaineCare is considerably less, on average, than a similar population not receiving this service.

Due to the passage of LD 1378, "An Act to Ensure the Provision of Medical Assessments for Youth in Foster Care," this Amendment to extend services until June 30, 2022 is needed to continue Pediatric Rapid Evaluation Program services until new MaineCare rules, compelled by this legislation, are in place.

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 pediatricians on staff with child abuse and neglect expertise, with available time to conduct comprehensive medical and mental health evaluations of children entering foster care.

The provider is uniquely qualified to provide these services as they were part of the original pilot program and have continued to provide these services in their current framework for many years. OCFS is working with MGM and other community providers to expand the ability of other providers to offer these services as we build them into MaineCare, including the administrative components of gathering medical records.

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

Costs are associated with the components of the services, they meet the MaineCare guidelines, are based on the market cost of the hospital services under which the program is organized, and are based on the average number of children entering care in the districts covered by this contract.

This contract provides for administrative support and non-compensated portions of the medical and psychosocial evaluations.

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

These services will not be necessary once rules are adopted pursuant to LD 1378, signed May 2019. The Department anticipates these services will be billed through MaineCare at the end of this contract.

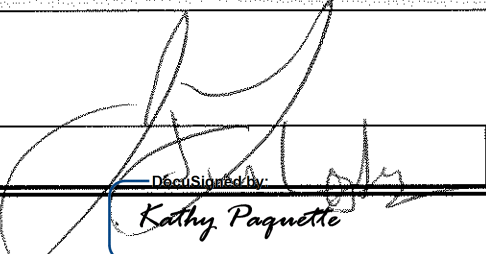

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

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:	<i>9-10-2021</i>
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	3/14/2022