



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

**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.*

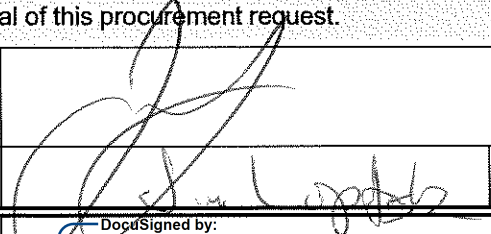
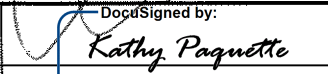
PART I: OVERVIEW			
Department Office/Division/Program:		Maine CDC / Maternal and Child Health / Leslie Jeffers	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Lora Blackwell	
(If applicable) Department Reference #:		CD0-22-4220A	
Amount: (Contract/Amendment/Grant)	Orig: \$ 445,000.00 Amd: \$ 150,000.00 Revised: \$ 595,000.00	Advantage CT / RQS #:	20210721000000000133
<b>CONTRACT</b>	Proposed Start Date:	Proposed End Date:	
<b>AMENDMENT</b>	Original Start Date:	Effective Date:	07/01/2021 02/01/2022
	Previous End Date:	New End Date:	06/30/2023 No Change
<b>GRANT</b>	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Acadia Healthcare, Inc. Brewer, ME	
Brief Description of Goods/Services/Grant:		Increase access to behavioral health care by expanding the ability of pediatric primary and specialty care providers to detect, assess, treat and refer children with behavioral health disorders.	

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.	<p>Maine CDC was awarded the Pediatric Mental Health Access Program grant from HRSA to increase access to behavioral health care by expanding the ability of pediatric primary and specialty care providers to detect, assess, treat and refer children with behavioral health disorders. The grant requires the Department to work with pediatric primary care providers by providing peer-to-peer telehealth consultations with psychiatric providers, to help the primary care provider meet the behavioral health needs of their patients This grant also requires the Department to provide training and resources to healthcare and social service providers on screening and referral.</p> <p>The purpose of this amendment is to provide additional funding to Northern Light Acadia Hospital to increase the number of new providers treating children and to increase the amount of time current providers have to provide peer-to-peer telehealth consultations, be subject matter experts at the ECHO Webinar Series and to provide additional education to clinical providers through technical assistance and Lunch &amp; Learns sessions.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>This vendor houses a distinct Integrated Behavioral Health program, which is consultative and designed to maximize patient and provider access to behavioral health expertise within outpatient medical practices. The Provider uses on-site/telehealth experts and whose primary functions include Licensed Clinical Social Workers (LCSW) that provide mental health diagnostic clarification, evidence-based behavioral therapy for mental health and substance use, individual and group therapy, advance directives educational sessions and Psychiatric Mental Health Nurse Practitioners (PMHNP's) who provide mental health diagnostic clarification, psychiatric assessment, prescribing and monitoring psychiatric medications, treating behavioral complications of medical diagnoses and treatment.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Costs were based on actual staff time costs and materials needed to complete the deliverables in the Agreement. The Department determined the costs were fair and reasonable for comparable services across the State.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department does not intend to competitively procure these one-time services.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			Date: 24 - Feb 22
Typed Name:			
Signature of DAFS Procurement Official:			Date: 4/20/2022
Typed Name:	41C2BA36FAF44CD... Kathy Paquette		