



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 (Form page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maine CDC / Maternal and Child Health		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:		CD0-22-4221A		
Amount: (Contract/Amendment/Grant)	Original: Amend: Revised:	\$445,000.00 \$150,000.00 \$595,000.00	Advantage CT / RQS #:	CT 10A 20210624**3788
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	07/01/2021	Effective Date:	03/01/2022
	Previous End Date:	06/30/2023	New End Date:	No Change
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Maine Healthcare dba Maine Medical Center Portland 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.

PART III: SUPPLEMENTAL INFORMATION

Maine ranked 21st for overall health of women and children in 2016 according to America's Health Rankings. The National Survey of Children's Health National Outcome Measure for the MCH Block Grant, 47.8% of children, ages 3 through 17, with a mental/behavioral condition needed treatment, but did not receive it. The Maine CDC was recently 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.

This vendor was named in the grant application as a partner and provided a letter of commitment to participate in the grant. This is for years 3 & 4 of the four-year grant.

This amendment will provide additional funding to contract with more behavioral health providers and increase time of current providers to be able to provide peer-to-peer telehealth consultations, be subject matter experts at our ECHO Webinar Series and for their team to provide additional education to clinical providers through TA, Lunch & Learns and Team Huddles.

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

This vendor houses an Integrated Behavioral Health program, which is consultative and designed to maximize patient and provider access to behavioral health expertise within outpatient medical practices. They use 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.

The Pediatric Mental Health Care Access Grant requires the Department to work with partners to provide behavioral health care for clients while using onsite and telehealth visits as a way to be more accessible. This grant also requires the Department to provide training and resources to healthcare and social service providers on screening and referral.

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

The provider's award was based on actual staff time costs and materials needed to complete the deliverables in the Agreement.

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

The Department does not intend to competitively procure these services.

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

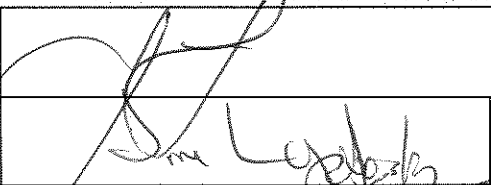
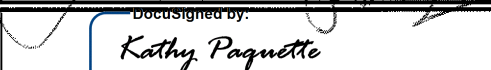
Does this request utilize ARPA/MJRP funds?

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:	24 - Mar - 22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	4/21/2022