



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:		DHHS/OADS/ID/Crisis		
Department Contract Administrator or Grant Coordinator:		Althea Harris / Brianne Carrero		
(If applicable) Department Reference #:		ADS-23-9705		
Amount: (Contract/Amendment/Grant)	\$1,084,000.00	Advantage CT / RQS #:	CT 10A 20230213000000002084	
CONTRACT	Proposed Start Date:	<b>04/01/2023</b>	Proposed End Date:	03/31/2025
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MaineHealth Portland, Maine		
Brief Description of Goods/Services/Grant:		Complex Behavior Care Team to support the Crisis Program		

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 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.

Adults with autism and other developmental disorders can develop serious behavioral challenges, including aggression, self-injury, and property destruction. These behaviors can develop and change over time and cause serious distress for the individuals, their families, and their caregivers, at times leading to hospitalization.

This contract represents a pilot project, funded by the American Rescue Plan Section 9817 funds, where the Provider will establish and oversee a Complex Behavioral Care Team (CBCT) which will stabilize individuals with autism and/or Intellectual Disability (ID), who are experiencing serious emotional and behavioral challenges, seeking to prevent escalation to further levels of care through stabilization and transition to long term support. This team will engage the individual's existing professional and natural supports to sustain the immediate stabilization and support long term wellness.

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

The Glickman Lauder Center of Excellence in Autism and Developmental Disorders is the only center that provides comprehensive behavioral health services for children and adults with developmental disabilities in Maine. Currently most of the supports they provide are in-patient and at their center and this unique project would bring their skilled clinical staff to the local community where our waiver members live.

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

MaineHealth provided a budget that has been reviewed and negotiated for reasonability. This is a pilot project, so there is no exact comparison available, but the Department finds the cost fair and reasonable due to fact that this service will help to address some of the most challenging behavioral concerns for individuals with Intellectual and Developmental Disabilities (IDD), and do so in a Maine-based facility (as opposed to seeking services outside of Maine, and the added costs that would entail).

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

This is a pilot project funded by American Rescue Plan Section 9817 funds (note: not ARPA/MJRP funds). If this pilot project were to demonstrate long-term viability, then an RFP would be performed for these services.

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

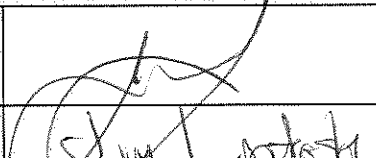
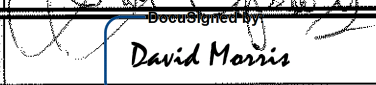
Does this request utilize ARPA/MJRP funds?

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:	David Morris	Date: 6 Mar - 23
Signature of DAFS Procurement Official:		
Typed Name:	2A644AF5681F482... David Morris	Date: 4/3/2023