



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/DDS/Evaluation and Consultation Services	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell	
(If applicable) Department Reference #:		ADS-24-9706A	
Amount: (Contract/Amendment/ Grant)	Original: \$50,000.00 Amend: \$40,000.00 Revised: \$90,000.00	Advantage CT / RQS #:	CT 10A 20230505000000003087
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	7/1/2023	Effective Date:
	Previous End Date:	6/30/2025	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Becket Academy, Inc. dba Becket Family of Services Orford, New Hampshire	
Brief Description of Goods/Services/Grant:		Special Diagnosis and Evaluation; Clinical Consultation; and Behavior Management Plan Development and Oversight Services	

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 amendment is to update the services being provided under this contract and add funding for additional services in SFY24. Behavioral Management Plan work has been removed as the Provider does not have the time or funds available to perform this service and the much more desired work of Emergency Evaluation/Consultation services has been expanded and is in high demand. Provider currently only has about \$5,000 remaining in SFY2024 (not enough even for one more Diagnosis/Evaluation which is a flat fee of \$6,000 per eval) with additional services waiting to be provided.

This vendor provides three (3) primary services to the Department.

1. Complex Case Diagnosis and Evaluation.
 OADS continues to identify individuals with intellectual disabilities or autism with serious behavioral and psychiatric conditions who have not responded to clinical treatment approaches available to them through their support system funded by MaineCare Section 21 (10-144 C.M.R. ch. 101). These individuals are in jeopardy of further deterioration in their condition to the extent that health and safety cannot be assured without additional clinical expertise being provided and very high staffing ratios to maintain safety. In these situations, all available in-state resources have been sought and provided without improvement in their condition, including in most situations, hospitalization for an extended time. This out-of-state resource, Becket Family of Services, provides a qualified interdisciplinary clinical assessment team with experience successfully serving similar individuals in Maine.
2. Clinical Consultation to Crisis Prevention / Intervention Services and Adult Protective Services.
 OADS continues to require consultation services to promote the highest level of independence, health, and safety of older adults and Individuals with Intellectual Disabilities, Autism, or a Brain Injury.
3. Emergency Evaluation/Consultation services have been added.
 OADS continues to serve individuals who may be in an emergency department or psychiatric hospital who is seeking residential placement. An emergency evaluation/consultation provides the team caring for the individual an oversight of how best to meet the current needs of that individual while under their care. This evaluation provides insight to the unique challenges of individuals who are dual diagnosed with Intellectual Disabilities and Mental Health.

Behavior Management Plan Development and Oversight have been removed.

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

These Clinical Consultation services went to RFP in the fall of 2022 under RFP # 202208137. No proposals were submitted. A second RFP, # 202302027, also received no proposals. DAFS has given permission to proceed with this vendor who historically provided the services. This Provider is the only clinical program in New England that solely works with individuals with intellectual disabilities or autism who are experiencing serious behavioral and psychiatric issues. Referrals to this Provider occur only after extensive clinical work at the local level has not resulted in positive outcomes. The Provider provides outpatient services to avoid hospitalization. The Provider has a

PART III: SUPPLEMENTAL INFORMATION

demonstrated ability to work well with OADS Developmental Services in the past, with positive outcomes for the persons referred.

Initial Start Date * 7/1/2023 Initial End Date * 6/30/2026

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

Costs are similar to other high-level health consultants that are utilized by the Department. The services are provided at a cost that is typically much lower than even a short inpatient hospital admission. There is no federal funding that supports these services. This is not a MaineCare covered service.

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

No RFP is expected in the near future as two recent RFPs yielded no proposals and DAFS has given permission to move forward with this vendor.

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

Does this request utilize ARPA/MJRP funds?

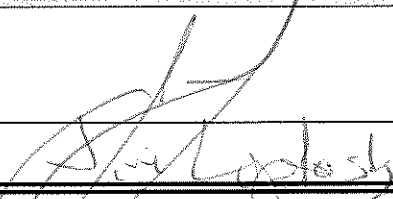

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	7 - Mar - 24
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <i>Kathy Paquette</i> <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	4/18/2024