



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/OBH/Brianne Masselli/Christie Goodman PA	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Jennifer Levesque	
(If applicable) Department Reference #:		MH4-22-218A	
Amount: (Contract/Amendment/Grant)	Amend Amt: \$80,000.00 Revised Amt: \$496,772.00	Advantage CT / RQS #:	CT 10A 20210818000000000393
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	12/10/2021
	Previous End Date:	New End Date:	N/A
GRANT	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:		Employee Wellness and Resiliency Supports	

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 Provider will develop and deliver free employee stress management, wellness, and resiliency support sessions to employees working for Maine organizations and agencies responding to the COVID pandemic that lack Employee Assistance Program or other wellness supports.

The purpose of this amendment is to add funds to allow the Provider to meet the current service demand and serve more individuals.

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

In June 2020, the Department began working with another provider to develop a contract which would ensure Maine organizations and agencies responding to the COVID pandemic would have sufficient access to an Employee Assistance Program or other wellness supports. The terms of the contract could not be fully negotiated. The Department considered other types of procurement, however, due to the short timeframe and immediate need for these services, the Department determine a complete procurement process would not suffice. Therefore, the Department researched other potential providers and was able to negotiate a successful contract with Affiliated HealthCare Management to ensure Maine organizations and agencies responding to the COVID pandemic will have sufficient access to an Employee Assistance Program or other wellness supports for the immediate COVID-19 related needs (refer to the Governor's Proclamation of State of Civil Emergency to Further Protect Public Health).

Affiliated HealthCare Management has conducted over 110 pandemic-related trainings and clinical services for 24 different companies, municipalities, and non-profit organizations.

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

The rates are based on upon negotiated costs and are in line with similar employee wellness trainings/initiatives.

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

The Department does not intend to RFP this service as it is for a limited period and only available due to the COVID-19 pandemic and recovery.

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

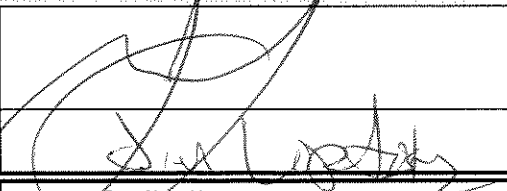

Does this request utilize ARPA/MJRP funds?

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:	2 - Mar - 22
Signature of DAFS Procurement Official:			
Typed Name:	DocuSigned by: Kathy Paquette 41C2BA36FAF44CD... Kathy Paquette	Date:	5/6/2022