



## 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, Cindy McPherson & Sara Wade	
Department Contract Administrator or Grant Coordinator:		Jeanne Garza/Jennifer Levesque	
(If applicable) Department Reference #:		MH4-22-2020A	
Amount: (Contract/Amendment/Grant)	Add: \$729,569.00 New: 1,810,384.00	Advantage CT / RQS #:	CT 10A 20211207000000001393
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	10/1/22
	Previous End Date:	New End Date:	6/30/23
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MaineHealth DBA Maine Medical Center	
Brief Description of Goods/Services/Grant:		PIER Services	

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.

**This contract is being extended with flat funding for nine months, to continue services while the provider works toward being a licensed mental health agency, able to bill MaineCare.**

The Department's Office of Behavioral Health was directed by our Federal Partner, Substance Abuse and Mental Health Administration Agency (SAMHSA), to set aside 10% percent of their Mental Health Block Grant (MHBG) allocation to fund only evidence-based programs that target First Episode Psychosis (FEP). The Department has determined this service is necessary because it is the only evidence-based Coordinate Specialty Care service in the state that focuses on treatment for first episode psychosis (FEP) for adolescents/ young adults. This service supports adolescent/young adult to maintain their education goals, their employment, functional level, maintain relationships with their families, and prevent psychiatric hospitalization.

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

The Provider developed the PIER Program which has become qualified as an Evidence Based Practice. This is the only evidence based FEP service available in Maine.

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

The budget has been determined based on actual costs of previous year's agreements for this service with this Provider. This contract renewal is increasing the FTEs for greater capacity to serve approximately twice as many clients. A MaineCare rate is being developed, with the intent to serve clients Statewide utilizing a HUB and Spoke model.

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

This service will evolve in the future to include any willing and qualified provider, after establishment of the MaineCare rate, and onboarding of new providers.

### 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):			
pTyped Name:		Date:	5-Jun-23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> kathy Paquette	Date:	6/6/2023