



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/OMS | |
| Department Contract Administrator or Grant Coordinator: | | Debbie Weston/Jennifer Levesque | |
| (If applicable) Department Reference #: | | OMS-25-5100 | |
| Amount: (Contract/Amendment/Grant) | | \$ 150,000.00 | Advantage CT / RQS #: CT 10A 20240613*MS255100 |
| CONTRACT | Proposed Start Date: | 8/1/2024 | Proposed End Date: 3/31/2025 |
| 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: | | National Council for Behavioral Health Atlanta, GA | |
| Brief Description of Goods/Services/Grant: | | Consultation to enhance the implementation of the CCBHC service model. | |

| 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 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 Department is currently implementing the Certified Community Behavioral Health Clinic (CCBHC) model to address health related social needs, mental health, and substance use needs throughout the state with anticipated participation in the SAMHSA/CMS Demonstration program in 2025. To effectively design and implement this model of care, the Department needs the direct support from the vendor for the identification and designation of special populations and workforce recruitment and retention strategies within the CCBHC model. This vendor will provide consultation to enhance the implementation of the CCBHC service model with MaineCare policy and payment structures. |
| 2. | Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. |
| | The National Council for Behavioral Health is a not-for-profit 501(c)(3) association that drives policy and social change on behalf of mental health and substance use treatment organizations and the children, adults, and families they service. The National Council has extensive experience delivering technical assistance consulting and training to major, diverse programs across the country. They operate the Certified Community Behavioral Health Clinic (CCBHC) State and Clinic Technical Assistance Centers, a SAMHSA funded hub for data, implementation support and advocacy to support the CCBHC and have a team of experts that provide guidance and technical assistance to promote adherence to the CCBHC model which include certification, sustainability, and implementation of processes to support access to care and evidence-based practices. |
| 3. | Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. |
| | This scope of work is part of the approved budget the Department developed for a time-limited federal funding opportunity to support this work. The National Council worked in collaboration with the Office of MaineCare Services to develop a consultation budget that includes deliverable based payment: <ul style="list-style-type: none"> • Consultation Log (at least 4), cost \$25,000 each • Maine CCBHC Special Population Report, cost \$25,000 • Workforce Development Recommendation Report, cost \$25,000 • Total budget \$150,000 |
| 4. | Describe the plan for future competition for the goods or services. |
| | This work is time limited and specific, and the Department does not have plans to continue this particular scope of work beyond this contract. |

| PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP) | |
|--|--|
| Does this request utilize ARPA/MJRP funds? | |
| <input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s). | |
| <input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies. | |
| <input checked="" type="checkbox"/> No – If No, proceed to Part V. | |

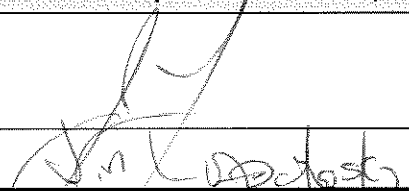

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

| | | | |
|--|--|-------|-----------|
| Signature of requesting Department's Commissioner (or designee): |  | | |
| Typed Name: | | Date: | 1-Jul-24 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small> | | |
| Typed Name: | Kathy Paquette | Date: | 7/12/2024 |