



**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/OCFS/CBHS		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Jeanne Garza		
(If applicable) Department Reference #:		CBH-21-7001C		
Amount: (Contract/Amendment/Grant)	Current: \$25,680.00 Amend: \$9,250.00 Revised: \$34,930.00	Advantage CT / RQS #:	10A 20200323*2590	
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2020	Effective Date:	7/1/2022
	Previous End Date:	6/30/2022	New End Date:	12/31/2022
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Family and Community Mediation Falmouth, Maine 04105		
Brief Description of Goods/Services/Grant:		Mediation 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 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 checked="" type="checkbox"/>	L. Other Authorization: RFP Extended

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 of Health and Human Services' (DHHS) Office of MaineCare Services and Office of Child and Family Services oversee agencies providing behavioral health services to children and families. Agencies are expected, upon opening of a child's case for services, to inform parents and/or guardians of the grievance process. Parents and/or guardians may utilize the grievance process in the event that they feel their child's rights have been disrespected or violated. Under 34-B M.R.S.A. §1500 (<http://legislature.maine.gov/statutes/34-B/title34-Bsec15002.html>), the Department is required to provide grievance procedures which include an opportunity for the parent/guardian to first choose a mediation prior to requesting a full grievance hearing. Family and Community Mediation is the contractor selected by the Department to provide the opportunity for the mediation to take place prior to a full grievance hearing (when requested).

The purpose of this amendment is to extend the agreement period through 12/31/22 to allow time for the Department to RFP for services. Additional funds will be added to support up to five (5) mediations at the current rate of \$1,450.00 per mediation for the duration of the extension period and to allow the Provider to provide mediation services to the Office of Aging and Disability Services (OADS) based on the Rights of Recipients for Adults in Maine.

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

Family and Community Mediation (FCM) is a recently formed Maine non-profit which came about as the result of the closing last year of two similar community mediation programs, one housed under Volunteers of America (VOA) and the other under The Opportunity Alliance (TOA). All of FCM's mediators are certified and are required to take additional subject matter training for areas in which they wish to mediate. FCM also provides, and requires their mediators to participate in, continuing education hours, role playing / practice opportunities, and coaching sessions as part of their best practices. Many of their mediators are attorneys and human resource professionals. Their practice is to staff each mediation with two mediators.

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

The cost is a flat rate and includes (but is not limited to): contacting the parties and setting up the mediation; at least 3 hours of mediation with two mediators; any travel required to complete the mediation; meeting a second time if a mediation resolution is not reached within the first 3 hours; and all documentation and reporting required by the Department. This works out to about \$230.00 per hour per mediator (\$1380 total cost/3 hours=\$460 per hour total, \$460/2 mediators=\$230 per hour per mediator). Research on costs of mediation revealed that mediation rates vary between \$200-\$800 per hour, which would equal between \$1,200-\$4,800 per mediation with 2 mediators for a minimum of 3 hours each. (please refer to the following websites: <https://www.thumbtack.com/p/cost-of-mediation>; <https://personalfinance.costhelper.com/mediator.html>; and [https://law.freeadvice.com/litigation/mediation/mediation\\_cost.htm](https://law.freeadvice.com/litigation/mediation/mediation_cost.htm)).

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

The Department intends to competitively procure these services for a 1/1/2023 contract start date.

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

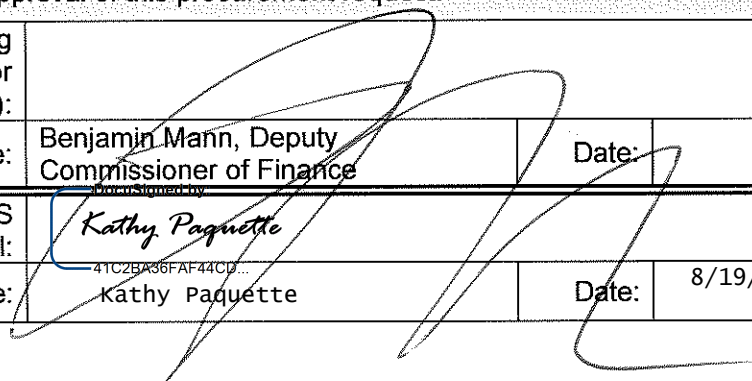
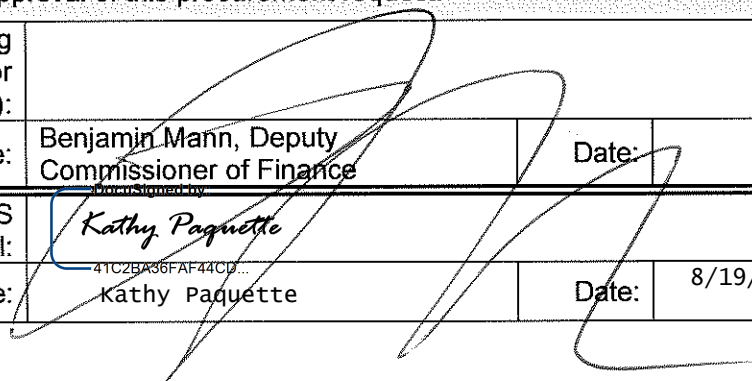
Does this request utilize ARPA/MJRP funds?

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:	Benjamin Mann, Deputy Commissioner of Finance	Date:	
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	8/19/2022