



## 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/Office of MaineCare Services - Liz Remillard / Steve Turner	
Department Contract Administrator or Grant Coordinator:		Lora Blackwell Shawn Belanger	
(If applicable) Department Reference #:		OMS-22-5100	
Amount: (Contract/Amendment/Grant)	\$ 125,000	Advantage CT / RQS #:	CT 10A 2022052400000003015
CONTRACT	Proposed Start Date:	5/1/2022	Proposed End Date: 12/31/2023
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 Washington, DC	
Brief Description of Goods/Services/Grant:		Provide technical assistance and consultation for program development of the CCBHC 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's Office of MaineCare Services is designing care models and payments models to address health related social needs, mental health, and substance use needs through the development and implementation of the Certified Community Behavioral Health Clinics (CCBHC). To effectively design and implement these models, MaineCare needs to work directly with the National Council for Mental Wellbeing specific to preliminary action planning, bi-monthly stakeholder groups, program design, capacity issues, data collection, etc. This Provider will engage, convene, and pay for National Council for Mental Wellbeing consultation to aid with the incorporation of the CCBHC service model with MaineCare policy and payment structure.

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

The Provider 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 Provider 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) Success Center*, a 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. Additionally, in September 2021, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the Provider a five-year grant to operate a national center for technical assistance for Certified Community Behavioral Health Clinic (CCBHC) grantees which it currently is doing with the 4 Maine CCBHC grantees.

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 Provider worked in collaboration with the Department's Office of MaineCare Services to develop a consultation budget that includes:

- Action/Roadmap Planning: 83 Staff hours
- Bi-weekly Meetings and Prep: 656 staff hours
- Research Support: 84 staff hours
- Total hours: 823 over 18-month engagement

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

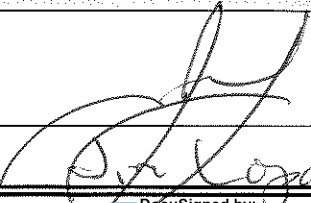

This work is time limited, and the Department does not have plans to continue this particular scope of work beyond this contract.

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

Does this request utilize ARPA/MJRP funds?

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:	8/14/22
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	8/30/2022