



**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:		Jennifer Levesque / Stacy Martin		
(If applicable) Department Reference #:		CBH-24-1502		
Amount: (Contract/Amendment/Grant)		\$ 845,493.00	Advantage CT / RQS #:	CT 10A 2023080100000000240
CONTRACT	Proposed Start Date:	9/1/2023	Proposed End Date:	8/30/2024
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:		Judge Baker Children's Ctr Boston, MA		
Brief Description of Goods/Services/Grant:		MATCH Training and Clinical Consultation Pilot		

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 checked="" 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 Modular Approach to Therapy for Children with Anxiety, Depression, Traumatic Stress, and Conduct Problems (MATCH) program is a treatment protocol for children aged six (6) through fifteen (15). MATCH is an Evidence-Based Practice (EBP) designed for multiple disorders encompassing anxiety, depression, post-traumatic stress, and disruptive conduct, including the conduct problems associated with attention deficit hyperactivity disorder (ADHD).

MATCH is accompanied by the Clinical Health Assessment and Response Tracking system (CHART), a web-based progress monitoring and feedback system, which tracks clinical interventions and symptoms on a weekly basis to determine the impact and outcomes from the intervention.

Through a contract with this Provider, Maine is able to utilize the Empower ME System of Care (SOC) grant funding to address a workforce challenge and provide needed therapeutic intervention for children/youth who have required a different approach to treatment than what is currently available. The State of Maine has prior experience working with this Provider and they have proven their ability to provide a training which is sustainable for Clinicians, who will be equipped to provide effective treatment to children/youth in the least restrictive setting. The pilot supports the CBHS initiatives which include reducing the waitlist for Home and Community-based Treatment (HCT) programs and providing Evidenced Based Treatment to Children and Youth across Maine.

MATCH training provides the needed intervention for Maine children/youth who remain on the HCT waitlist and experience significant wait times for services. A formal review of children/youth on the HCT program's waitlist showed several individuals would benefit from this type of intervention, resulting in removal from the waitlist while providing individualized services in the least restrictive environment.

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

Judge Baker Children's Center, a Harvard Medical School affiliate, is a known entity providing the EBP of MATCH, which is on the Substance Abuse and Mental Health Services Administrations (SAMHSA) National Registry of Evidenced-based Programs and Practices (NREPP). The Provider can deliver this training in a method which others are not able to. They will tailor the training to meet the needs of the State, prioritize Clinicians eligible for the training based on the waitlist for HCT programs, are able to deliver the training in a virtual manner which will support Clinicians during the COVID-19 pandemic, offer a collaborative learning environment, provide formal follow-up consultation, and provide the CHART system which will support the State's efforts in data collection and the ability to make data-informed decisions

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

The cost analysis review incorporated the consideration of the MaineCare billing rate for a Clinician delivering services and creating a fair reimbursement amount to allow agencies to send their Clinician to the training, during the lost time from providing direct services. The reimbursement for the training, consultation, and CHART system is consistent with the cost for these services which other states are procuring.

As part of the contracted services, the Provider, rather than Department resources, will administer the certification time reimbursements to Clinician's agencies. The agencies will be eligible to receive hourly certification time reimbursement to offset the cost of sending Clinicians to training and consultation based on the number of hours completed. For salaried Clinicians, reimbursements will go directly to agencies to offset lost productivity while Clinicians are participating in training activities. For fee-for-service Clinicians, reimbursements

**PART III: SUPPLEMENTAL INFORMATION**

will be provided to agencies with the understanding that they will be dispersed to Clinicians to offset lost revenue while they are participating in training activities. Reimbursements will be disbursed by the Provider twice; once following the five (5)-day MATCH training and once following the completion of MATCH consultation. Reimbursements will be calculated at a rate of \$43.33/hour to cover time for forty (40) hours of clinical training (\$1,733.20/person) and twenty-five (25) hours of consultation (\$1,083.25/person). The total reimbursement for each Clinician will be \$2,816.44.

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

The Department does not plan to competitively procure this service.

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

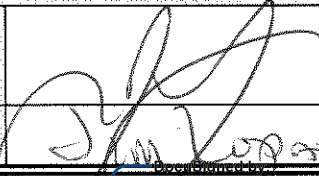
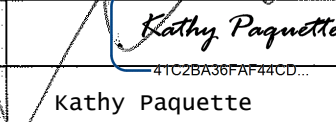
Does this request utilize ARPA/MJRP funds?

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:	<i>[Handwritten Name]</i>	Date: 1 - Sep - 23
Signature of DAFS Procurement Official:		
Typed Name:	Kathy Paquette	Date: 10/31/2023