

**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/OADS/DDS/Evaluation and Consultation Services	
Department Contract Administrator or Grant Coordinator:		Althea Harris / Melinda Farrell	
(If applicable) Department Reference #:		ADS-21-9706B	
Amount: (Contract/Amendment/Grant)	Amend B: \$ 50,000.00 Revised: \$ 144,000.00	Advantage CT / RQS #:	CT 10A 20200603000000003677
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	12/31/2022
	Previous End Date:	New End Date:	06/30/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Becket Academy, Inc. dba Becket Family of Services Orford, New Hampshire	
Brief Description of Goods/Services/Grant:		Special Diagnosis and Evaluation; Clinical Consultation; and Behavior Management Plan Development and Oversight 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 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 purpose of this amendment is to add funds and extend the end date to allow time to process an RFP for this service.

This vendor provides three primary services to the Department.

1. Specialized Professional Diagnosis and Evaluation.
OADS continues to identify individuals with intellectual disabilities or autism with serious behavioral and psychiatric conditions who have not responded to clinical treatment approaches available to them through their support system funded by MaineCare Section 21 (10-144 C.M.R. ch. 101). These individuals are in jeopardy of further deterioration in their condition to the extent that health and safety cannot be assured without additional clinical expertise being provided and very high staffing ratios to maintain safety. In these situations, all available in-state resources have been sought and provided without improvement in their condition, including in most situations, hospitalization for an extended time. This out-of-state resource, Becket Family of Services, provides a qualified interdisciplinary clinical assessment team with experience successfully serving similar individuals in Maine.
2. Clinical Consultation to Crisis Prevention / Intervention Services and Adult Protective Services.
OADS continues to require consultation services to promote the highest level of independence, health, and safety of older adults and Individuals with Intellectual Disabilities, Autism, or a Brain Injury.
3. Behavior Management Plan Development and Oversight.
Maine DHHS Rule 14-197 C.M.R. Ch. 5 (<https://www1.maine.gov/sos/cec/rules/14/197/197c005.docx>) requires a Qualified Professional to help develop, oversee implementation of, and monitor Behavior Management Plans for individuals with Intellectual Disabilities, Autism, or a Brain Injury who are experiencing challenging behaviors and to provide consultation on specific cases. The Department currently does not have on staff a Qualified Individual as defined in the State rule to carry out these functions. The provided services will assist individuals, families, guardians, and providers to maximize the opportunities available to Individuals to remain in their homes and local communities during and after crisis incidents.

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

This Provider is the only clinical program in New England that solely works with individuals with intellectual disabilities or autism who are experiencing serious behavioral and psychiatric issues. Referrals to this Provider occur only after extensive clinical work at the local level has not resulted in positive outcomes. The Provider provides outpatient services to avoid hospitalization. The Provider has a demonstrated ability to work well with OADS Developmental Services in the past, with positive outcomes for the persons referred.

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

Costs are similar to other high-level health consultants that are utilized by the Department. The services are provided at a cost that is typically much lower than even a short inpatient hospital admission. There is no federal funding that supports these services. This is not a MaineCare covered service.

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

RFP 202208137 for Clinical Consultation Services received no proposals in fall 2022. Additional time will allow a new RFP to be completed and a new to contract issue without a lapse in 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):	DocuSigned by: <i>Debra Downer</i> <small>5DC6307B8558482...</small>		
Typed Name:	Debra Downer, Deputy Director for Competitive Procurement	Date:	Dec-02-2022

Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> <small>41C2BA36FAF44CD...</small>		
Typed Name:	kathy Paquette	Date:	12/13/2022