

State of Maine Procurement Justification Form

PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Jessica Pollard/Christie Goodman		
Department Contract Administrator or Grant Coordinator:		Arlene Jones/Eliza Fielding		
(If applicable) Department Reference #:		MH4-21-217		
Estimated Contract or Grant Amount:	\$170,000.00	Advantage CT / RQS #:	CT 10A 20210122*2097	
CONTRACT	Proposed Start Date:	1/15/2021	Proposed End Date:	6/30/2021
	Proposed End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
ALL OTHER	Proposed Start Date:		Proposed End Date:	
Vendor/Provider/Grantee Name, City, State:		Affiliated HealthCare Management Brewer, ME		
Brief Description of Goods/Services/Grant:		Employee Wellness and Resiliency Support Training		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project	X	L. COVID-19

PART III: SUPPLEMENTAL QUESTIONS
Please respond to ALL of the following questions.
1. Provide a more detailed description of the goods, services or grant to supplement the response in Part I.
<p>This contract was part of the StrengthenME grant proposal. The Provider will develop and deliver free employee stress management, wellness, and resiliency support sessions to employees working for Maine organizations and agencies responding to the COVID pandemic that lack Employee Assistance Program or other wellness supports.</p>

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL QUESTIONS

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

In June 2020, the Department began working with another provider to develop a contract which would ensure Maine organizations and agencies responding to the COVID pandemic would have sufficient access to an Employee Assistance Program or other wellness supports. The terms of the contract could not be fully negotiated. The Department considered other types of procurement, however, due to the short timeframe and immediate need for these services, the Department determined a complete procurement process would not suffice. Therefore, the Department researched other potential providers and was able to negotiate a successful contract with Affiliated HealthCare Management to ensure Maine organizations and agencies responding to the COVID pandemic will have sufficient access to an Employee Assistance Program or other wellness supports for the immediate COVID-19 related needs (refer to the Governor's Proclamation of State of Civil Emergency to Further Protect Public Health).

Affiliated HealthCare Management has conducted over 110 pandemic-related trainings and clinical services for 24 different companies, municipalities, and non-profit organizations.

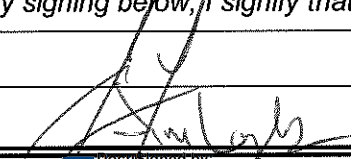
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The rates are based on upon negotiated costs and are in line with similar employee wellness trainings/initiatives.

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

The Department does not intend to RFP this service as it is for a limited period and only available due to the State of Civil Emergency. If it is anticipated the Civil Emergency could be extended for a significant period beyond 6/30/2021, the Department will issue an RFP for a 7/1/2021 contract start date.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	18 - Feb - 21
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/17/2021