

State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW			
Department Office/Division/Program:	DHHS/ SAMHS/ Danielle Dill/ Cameron Bailey		
Department Contract Administrator or Grant Coordinator:	Nancy Tan & Jennifer Levesque		
(If applicable) Department Reference #:			
Estimated Contract or Grant Amount:	\$ See attached list	Advantage CT / RQS #:	See attached list
AMENDMENT	Original Start Date:		New Start Date:
	Original End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
ALL OTHER	Proposed Start Date:	2/1/2020	Proposed End Date: 6/30/2020
Vendor/Provider/Grantee Name, City, State:	See attached list		
Brief Description of Goods/Services/Grant:	Workforce recruitment and retainment		

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
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

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>The purpose of this agreement is to assist and strengthen the Medication Management Programs. In doing so, the Department is establishing workforce retainment contracts to support existing Medication Management programs. These contracts shall support a program's new or existing efforts for workforce recruitment and retainment, and programmatic expansion.</p>

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PART III: SUPPLEMENTAL QUESTIONS

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

Vendors were selected through any current willing and qualified medication management providers. Proposals were solicited to these vendors with an opportunity to be reviewed, selected and participate.

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

Costs were negotiated based on client census data as well as current medication management service utilization.

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

This is a one-time funding/contract process.

PART IV: APPROVALS

**Signature of requesting
Department's Commissioner
(or designee):**

By signing below, I signify that I approve of this procurement request.

Printed Name:

Date:

17-jan-20

**Signature of DAFS
Procurement Official:**

DocuSigned by:

Laurie Andre

Printed Name:

Laurie Andre

Date:

1/23/2020

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DHHS Office: Substance Abuse and Mental Health Services (SAMHS)

Service Group: Workforce Retainment

Service Group Total: \$682,000

No. of Vendors: 8

Agreement Number	Vendor	VendorCustomer Code	Start Date	End Date	Total Agreement Amount
MH3-20-8361	Aroostook Mental Health Services, Inc.	VC1000005876	2/1/2020	6/30/2020	\$ 48,000.00
MH3-20-1061	Community Health & Counseling Services	VC1000017720	2/1/2020	6/30/2020	\$ 48,000.00
MH2-20-6011	Crisis & Counseling Centers, Inc.	VC1000018712	2/1/2020	6/30/2020	\$ 10,000.00
MH2-20-7100	Kennebec Behavioral Health dba Kennebec Valley Mental Health Center	VC1000049769	2/1/2020	6/30/2020	\$ 160,000.00
MH1-20-7101	Maine Behavioral Healthcare	VC0000197260	2/1/2020	6/30/2020	\$ 160,000.00
MH1-20-4002	Spurwink Services, Inc.	VC1000085465	2/1/2020	6/30/2020	\$ 48,000.00
MH2-20-4171	Sweetser	VC1000088400	2/1/2020	6/30/2020	\$ 160,000.00
MH2-20-4003	Tri-County Mental Health Services	VC1000092940	2/1/2020	6/30/2020	\$ 48,000.00