

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/Transportation/Peter Alexander		
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Elizabeth Heath		
(If applicable) Department Reference #:		MH3-19-216 A		
Estimated Contract or Grant Amount:	Original: \$152,708.00 Amend: \$ 72,143.00 Revised: \$ 224,851.00	Advantage CT / RQS #:	CT 10A 20180411000000003086	
AMENDMENT	Original Start Date:	7/1/2018	New Start Date:	N/A
	Original End Date:	6/30/2020	New End Date:	N/A
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:		Aroostook Mental Health Services		
Brief Description of Goods/Services/Grant:		Transportation Services-MHS		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request.			
	A. Competitive Process		G. Grant
X	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		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.
It is essential that consumers who are ineligible for the MaineCare non-emergency medical transportation services, receive transportation to medical, employment and social services as identified in their treatment plan. Such services include only those which are not covered by the MaineCare non-emergency medical transportation services, which assists qualified consumers with mental health needs with access to medical, educational and social services.

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PART III: SUPPLEMENTAL QUESTIONS

The purpose of this amendment is to increase funding to address the high utilization needs and increase their transportation coordinator's hours from .5 FTE to 1 FTE to address the high volumes of calls requesting transportation services.

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

The provider is currently providing the service and was selected based on existing infrastructures, who could cover areas of need throughout the state and are currently providing the service to this specific population. The agencies selected had a history of providing transportation services covering all 8 Districts.

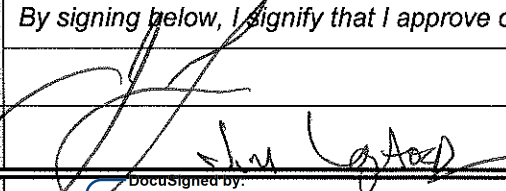

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost has been negotiated with the provider based on comparisons to other providers and has been consistent with prior years.

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

The Department is currently assessing all transportation services, including the anticipated release of a comprehensive transportation programs evaluation RFP. After which the Department will review SAMHS-related transportation and make a decision regarding future procurement.

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:	16 - Mar - 20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	3/17/2020