



**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/OBH/ Leticia Huttman and Theresa Witham		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Patricia Wall		
(If applicable) Department Reference #:		MH4-20-009E		
Amount: (Contract/Amendment/Grant)		Amend Amt: \$ 220,080.00 Revised Amt: \$ 1,274,221.00	Advantage CT / RQS #:	CT 10A 20190429**3176
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	7/1/2019	Effective Date:	4/1/2021
	Previous End Date:	3/31/2021	New End Date:	12/31/2021
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		MaineHealth dba Maine Medical Center Portland, ME		
Brief Description of Goods/Services/Grant:		Supported Employment		

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 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.

Provision of this service is included in the Bates vs. DHHS Consent Decree plan. (Vocational Opportunities section page 43- 45) [http://www.maine.gov/dhhs/samhs/mentalhealth/consent\\_decree/cd-plan/index.shtml](http://www.maine.gov/dhhs/samhs/mentalhealth/consent_decree/cd-plan/index.shtml) This service places Employment Specialists in mental health agencies within each region of the state. The Employment Specialists will perform multiple types of activities directed at helping consumers obtain employment, maintain employment, and improve their employment-related skills.

Unemployment for individuals living with serious mental illness remains very high in Maine. This is an identified priority for the Department's Office of Behavioral Health and is listed under compliance strategies for the Consent Decree. This service uses the evidence based Individual Placement and Support model of supported employment to integrate employment services with behavioral health services. Specific employment services delivered under this contract are not currently Medicaid reimbursable services nor is there capacity within the Vocational Rehabilitation system to meet the needs identified without this service.

The purpose of this amendment is to add funding and extend the end date and cover service dates until a contract was awarded through RFP #202107099. This is also aligned with a companion Department of Labor agreement.

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

This Provider was the sole bidder for the last RFP for these services (RFP# 200708022). They have the infrastructure in place including MOAs with host Behavioral Health agencies. The provider also has staff training in the Individual Placement and Support model of supported employment which is used in this contract. In an evaluation of potential vendors for this service in the state, the Department has determined the Provider is the only vendor with required training, certification and capacity to deliver this service.

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

The cost of the contract is based on methodology utilized in the initial RFP and is consistent with previous funding.

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

The Department has competitively procured these services for a contract start date of 1/1/2022.

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

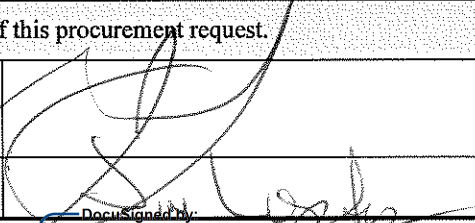
Does this request utilize ARPA/MJRP funds?

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:		Date:	2-Mar-22
Signature of DAFS Procurement Official:	Kathy Paquette		
Typed Name:	Kathy Paquette	Date:	3/22/2022