

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/OADS/Independent Support Services (ISS)			
Department Contract Administrator or Grant Coordinator:	Shawn Belanger Nancy Tan			
(If applicable) Department Reference #:	ADS-19-9151E			
Estimated Contract or Grant Amount:	Previous Amount \$5,897,752 Amendment E \$ 842,536 Revised Amount \$6,740,288	Advantage CT / RQS #:	CT 10A 20180330*2891	
AMENDMENT	Original Start Date:	07/01/2018	New Start Date:	07/01/2018
	Original End Date:	03/31/2020	New End Date:	06/30/2020
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:	Catholic Charities of Maine Portland, ME			
Brief Description of Goods/Services/Grant:	Statewide Independent Support Services (Homemaker)			

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	X	L. Other Authorization: RFP Extended

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 Department is responsible to implement statewide administration and provision of services related to Maine's State-funded Independent Support Services (ISS) Program. The ISS Program is governed by 10-149 C.M.R. ch. 5, § 69. ISS may be self-directed by the eligible consumer or be directed by a qualified representative of the consumer in accordance with 10-149 C.M.R. ch. 5, § 69. These services are necessary.</p>

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PART III: SUPPLEMENTAL QUESTIONS

The Provider is responsible for ISS administrative services and service delivery functions to eligible consumers that help improve and maintain their well-being in accordance with 10-149 C.M.R. ch. 5, § 69. Services may be provided directly by the Provider or through subcontracts with other agencies, as approved by the Department. The Provider is also responsible for administering program co-payment requirements and for the eligibility assessment process for the ISS program.

This amendment supports continued delivery of ISS services through 06/30/2020 while the RFP 201909167 competitive award process for a new contract for ISS services is completed. The Department anticipates that the RFP process will be completed in time to support a new agreement start date of 7/1/2020. The amendment also increases the basic rate for service from \$27.10 to \$29.10 for the months of April through June 2020.

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

The current vendor was selected as the result of a competitive RFP process (RFP 201410849).

Initial Period of Performance	7/1/2015	to	6/30/2016
Renewal Period #1	7/1/2016	to	6/30/2017
Renewal Period #2	7/1/2017	to	6/30/2018
Renewal Period #3	7/1/2018	to	6/30/2019

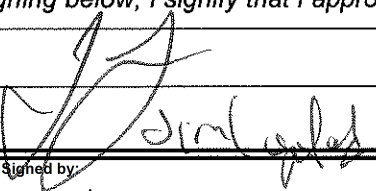
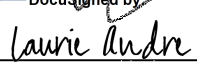
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost of this amendment is considered fair and reasonable based on the Department's evaluation of agency cost data provided by the vendor.

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

A renewal agreement with this vendor, based on RFP T2018030 for State Funded Independent Support Services, is anticipated to start 07/01/2020.

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:	Laurie Andre	Date:	20-Mar-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
	Printed Name:	Laurie Andre <small>AIDA4F6018C54EC</small>	Date: