

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		Dept of Labor/ Bureau of Rehab Services	
Department Contract Administrator or Grant Coordinator:		Libby Stone Sterling	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$70,432.00	Advantage CT / RQS #:	20190522000000003528
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	07/01/2019	Effective Date:
	Previous End Date:	3/31/2022	New End Date:
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:		This contract funds employment services for individuals with mental illness in Maine. The services are provided by 7 employment specialists based out of community mental health clinics across the state.	

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
	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 INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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PART III: SUPPLEMENTAL INFORMATION

The unemployment rate of people with disabilities in Maine (and across the country) is far higher than that of people without disabilities. And the disability population with the highest unemployment tends to be individuals with mental illness. This contract funds 7 employment specialists to provide employment services across the state. The employment specialists are based in community mental health agencies and as a result are able to collaborate with mental health providers. This model is considered best practice and is one that historically has produced good outcomes.

This contract is part of a cooperative project between DOL Bureau of Rehabilitation Services and DHHS Office of Behavioral Health that has been in place several years. These services are a requirement of the AMHI Consent Decree plan and funded by two separate contracts with Maine Medical Center's Dept. of Vocational Services—this DOL Bureau of Rehabilitation Services contract and a larger DHHS Office of Behavioral Health contract. The DHHS Contracting Division released an RFP with a due date of 9/17/21. Only one letter of interest was received in response to the RFP. The letter of interest was from MMC Dept of Vocational Services and included a budget significantly larger than the current budget for this project. We are extending this contract 3 months to allow time for finalizing program design, confirming funding sources and negotiating budget and scope of work with the vendor.

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

This vendor was originally selected through an RFP process.

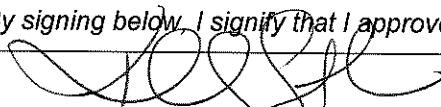
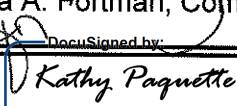
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The negotiated costs were determined through an RFP process.

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

An RFP was issued in September with one vendor submitting a letter of interest. DOL and DHHS will negotiate scope of work and budget with the vendor.

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:	Laura A. Fortman, Commissioner	Date:	3/31/2022
Signature of DAFS Procurement Official:			
Printed Name:	Kathy Paquette	Date:	4/6/2022