



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF PROCUREMENT SERVICES
 STATE OF MAINE

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:		Corrections		
Department Contract Administrator or Grant Coordinator:		Scott Landry		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 114,000	Advantage CT / RQS #:	03A 20231214*1717
CONTRACT	Proposed Start Date:	6/1/2024	Proposed End Date:	5/31/2027
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Multi-Health Systems, Inc., Toronto, ON, Canada		
Brief Description of Goods/Services/Grant:		Access to the GIFR Electronic Assessment & Reporting System (GEARS) platform		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input 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.

The purpose of this Contract is to provide Maine Department of Corrections access to the GIFR Electronic Assessment & Reporting System (GEARS) platform. GEARS is a highly configurable assessment and case management platform that is CJIS, ISO 27001, SOC 2, and HIPAA compliant. Maine DOC users will log-in to the GEARS platform to administer, score, and report the Level of Service Risk/Needs Assessments including the Level of Service/ Case Management Inventory (LS/CMI), the Youth Level of Service/ Case Management Inventory 2.0 (YLS/CMI 2.0) and the Youth Level of Service/ Case Management Inventory: Screening Research Version (YLS/CMI:SRV).

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

LSI-R has been specifically validated for Maine DOC and is integrated into the Departments policies, business practices and Offender Management System (OMS). Maine DOC has explored other assessment options and the decision was to stay with the LSI-R due to cost, reliability, ease of scoring and concerns with potential biases in the algorithms of the other assessments. Due to the above factors, Maine DOC has concluded that the GEARS platform is uniquely suited to meet the Department's needs in this highly specialized area.

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

The rates being changed under this contract are consistent with past rates received from this vendor, which the Department considers to be fair and reasonable.

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

As noted above, this vendor has the specific assessment tool configured to meet the needs of Maine DOC in this highly specialized area. If the Department's needs change at a future date, we will seek competitive bids to procure the needed services.

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

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).


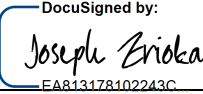
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):	 C41E0D953C6E4B0...		
Typed Name:	Scott Landry	Date:	4/17/2024
Signature of DAFS Procurement Official:	 EA813178102243C		
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	4/17/2024