

# State of Maine Procurement Justification Form

## PART I: OVERVIEW

|   |  |  |                      |            |
|---|--|--|----------------------|------------|
| Department Office/Division/Program:                     |  | DHHS/OBH/Jessica Gerrish                             |                      |            |
| Department Contract Administrator or Grant Coordinator: |  | Ryan Roberts<br>Shawn Belanger                       |                      |            |
| (If applicable) Department Reference #:                 |  | MH4-20-009D  |                      |            |
| Amount:<br>(Contract/Amendment/Grant)                   | Current: \$915,460.00<br>Amend \$138,681.00<br>New Total \$ 1,054,141.00 | Advantage CT / RQS #:                                | CT 10A 20190429*3176 |            |
| CONTRACT  | Proposed Start Date:   |  | Proposed End Date:   |            |
| AMENDMENT   | Original Start Date:   | <b>7/1/2019</b>                                      | New Start Date:      | 01/01/2021 |
|   | Previous End Date:   | <b>12/31/2020</b>                                    | New End Date:        | 03/31/2021 |
| GRANT   | Project Start Date:  |  | Grant Start Date:    |            |
|   | Project End Date:  |  | Grant End Date:      |            |
| Vendor/Provider/Grantee Name, City, State:              |  | MaineHealth dba Maine Medical Center<br>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.)

|          |                                   |  |                                  |
|----------|-----------------------------------|--|----------------------------------|
|          | A. Competitive Process            |  | G. Grant                         |
| <b>X</b> | B. Amendment                      |  | H. State Statute/Agency Directed |
| <b>X</b> | 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.

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 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

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### PART III: SUPPLEMENTAL INFORMATION

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 extend the end date and add funding to sustain the three-month extension based on RFP delayed needs.

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

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 this provider is the only provider with required training, certification and capacity to deliver this service.

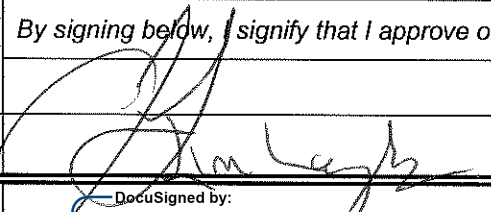
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

The cost of the contract is based on methodology utilized in the initial RFP and is consistent with FY18 funding.

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

The Department will RFP this service for a new agreement start date 4/1/2021.

### PART IV: APPROVALS

|   |  |              |            |
|---|--|--------------|------------|
| <b>Signature of requesting Department's Commissioner (or designee):</b> | <i>By signing below, I signify that I approve of this procurement request.</i>       |              |            |
| <b>Printed Name:</b>  |  | <b>Date:</b> | 17 Mar -21 |
| <b>Signature of DAFS Procurement Official:</b>                          | DocuSigned by:<br><i>Kathy Paquette</i>  |              |            |
| <b>Printed Name:</b>  | 41C2BA36FAF44CD...<br>Kathy Paquette   | <b>Date:</b> | 5/3/2021   |