

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:		DHHS/OBH/Transportation Services-MHS/Peter Alexander	
Department Contract Administrator or Grant Coordinator:		Nancy Tan/Debbie Weston	
(If applicable) Department Reference #:		Multiple: See Attached List	
Amount: (Contract/Amendment/Grant)	Multiple: See Attached List	Advantage CT / RQS #:	Multiple: See Attached List
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: 6/30/2022
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:		Multiple: See Attached List	
Brief Description of Goods/Services/Grant:		Direct Transportation Expenses for Consumers who meet MBM Section 17 eligibility Requirements	

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. 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		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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

It is essential that consumers who are ineligible for the MaineCare non-emergency medical transportation services, receive transportation to medical, employment and social services as identified in their treatment plan. Such services include only those which are not covered by the MaineCare non-emergency medical transportation services, which assists qualified consumers with mental health needs with access to medical, educational and social services.

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PART III: SUPPLEMENTAL INFORMATION

On December 27, 2004, Governor John Baldacci signed an Executive Order ordering that DHHS, DOT and DOL, and other appropriate agencies continue to regularly collaborate to improve the overall coordination of passenger transportation. The Departments shall join to form an ongoing Interagency Transportation Coordinating Committee whose purpose will be to regularly coordinate the efforts of each agency as follows: 1) to improve methods of delivery of passenger transportation; 2) to be more effective and financially efficient; and 3) to improve universal mobility for Maine citizens and visitors.

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

The providers were selected based on existing infrastructures, who could cover areas of need throughout the state and are currently providing the service to this specific population. The agencies selected had a history of providing transportation services covering all 8 Districts.

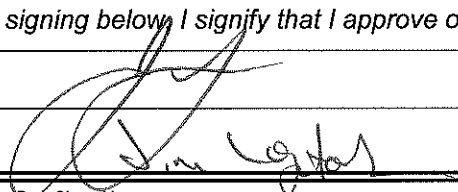

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost has been negotiated with the provider based on comparisons to other providers and has been consistent with prior years.

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

The Department does not intend to RFP this service due to the Executive Order ("An Order Increasing The Coordination Of State Government's Passenger Transportation Sector") which requires collaboration between DOT, DHHS, and DOL.

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:		Date:	27-Mg-20
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	6/10/2020

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Office: DHHS – Office of Behavioral Health

Service Group: Transportation Services

No. of Vendors: 4

Service Group Total: \$339,451.00

CT NO. 10A-	Agreement Number	VendorName	Start Date	End Date	Total Agreement Amount
CT 10A 20200512*3224	MH2-21-427	Sweetser	7/1/2020	6/30/2022	\$28,320.00
CT 10A20200513*3235	MH3-21-104	Penquis CAP, Inc.	7/1/2020	6/30/2022	\$23,000.00
CT 10A 20200513*3236	MH3-21-216	Aroostook Mental Health Services, Inc.	7/1/2020	6/30/2022	\$224,851.00
CT 10A 20200513*3237	MH3-21-377	Downeast Community Partners	7/1/2020	6/30/2022	\$63,280.00